2009 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# A33208

Entity Name: FLORIDA MEDICAL SUPPLY OF BREVARD COUNTY, LTD.

Current Principal Place of Business:

260 POINCIANA DRIVE
INDIAN HARBOUR BEACH, FL 32937

New Principal Place of Business:

260 POINCIANA DRIVE
INDIAN HARBOUR BEACH, FL 32937 US

Current Mailing Address:

260 POINCIANA DRIVE
INDIAN HARBOUR BEACH, FL 32937

New Mailing Address:

260 POINCIANA DRIVE
INDIAN HARBOUR BEACH, FL 32937 US

FEI Number: 59-3088014 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEARE, J L
260 POINCIANA DRIVE
INDIAN HARBOR BEACH, FL 32937 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

GENERAL PARTNER INFORMATION:

Document #: S79094
Name: FLORIDA MEDICAL SUPPLY OF BREVARD COUNTY,
Address: 260 POINCIANA DRIVE
City-St-Zip: INDIAN HARBOR BCH, FL

ADDRESS CHANGES ONLY:

Address:
City-St-Zip: INDIAN HARBOR BCH, FL 32937 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: J. L. WEARE P 04/22/2009

Electronic Signature of Signing General Partner Date