

2012 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A33208

FILED
Jan 23, 2012
Secretary of State

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

Current Principal Place of Business:

260 POINCIANA DRIVE
INDIAN HARBOUR BEACH, FL 32937 US

New Principal Place of Business:

Current Mailing Address:

260 POINCIANA DRIVE
INDIAN HARBOUR BEACH, FL 32937 US

New Mailing Address:

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 32937 US

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby 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: JOHN L WEARE

GP

01/23/2012

Electronic Signature of Signing General Partner

Date