

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000012287

**FILED**  
**Apr 23, 2010**  
**Secretary of State**

**Entity Name:** FAMILY HOME MEDICAL EQUIPMENT & SUPPLIES LLC

**Current Principal Place of Business:**

1825 TAMIAMI TRAIL  
SUITE E1  
PT. CHARLOTTE, FL 33948

**New Principal Place of Business:**

**Current Mailing Address:**

1825 TAMIAMI TRAIL  
SUITE E1  
PT. CHARLOTTE, FL 33948

**New Mailing Address:**

**FEI Number:** 65-1044992

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSE, SIERRA D CFO  
275 PORTO ALEGRE ST.  
PUNTA GORDA, FL 33983 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ROSS, BURTON PRESIDE  
Address: 275 PORTO ALEGRE ST.  
City-St-Zip: PUNTA GORDA, FL 33983

Title: MGRM  
Name: ROSE, SIERRA D CFO  
Address: 275 PORTO ALEGRE ST.  
City-St-Zip: PUNTA GORDA, FL 33983

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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIERRA D. ROSE

CFO

04/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date