

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013576

FILED
Apr 20, 2005
Secretary of State

Entity Name: JE-MED SUPPLIES AND SERVICES, L.C.

Current Principal Place of Business:

3440 RENAISSANCE BLVD.
SUITE 9
BONITA SPRINGS, FL 34134

New Principal Place of Business:

3440 RENAISSANCE BLVD.
SUITE 2
BONITA SPRINGS, FL 34134

Current Mailing Address:

3440 RENAISSANCE BLVD.
SUITE 9
BONITA SPRINGS, FL 34134

New Mailing Address:

3440 RENAISSANCE BLVD.
SUITE 2
BONITA SPRINGS, FL 34134

FEI Number: 59-3682147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHICK, ED
3440 RENAISSANCE BLVD
SUITE 9
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

SCHICK, ED
3440 RENAISSANCE BLVD
SUITE 2
BONITA SPRINGS, FL 34134 US

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:

04/20/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM (X) Delete
Name: EARNHARDT, RUTH
Address: 22595 ISLAND LAKES DR.
City-St-Zip: ESTERO, FL 33928

Title: MGRM () Delete
Name: SCHICK, ANN
Address: 25080 BALLYCASTLE CT., #202
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGRM () Delete
Name: SCHICK, ED
Address: 25080 BALLYCASTLE CT., #202
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 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: EDMUND J. SCHICK

MGR

04/20/2005

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