2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000120

Entity Name: YAMATO MEDICAL SUPPLY, LLC

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9101 LAKERIDGE BLVD. SUITE #23 BOCA RATON, FL 33496

Current Mailing Address: New Mailing Address:

9101 LAKERIDGE BLVD. SUITE #23 BOCA RATON, FL 33496

FEI Number: 80-0029490 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GOLDMAN, BRADLEY S 9101 LAKERIDGE BLVD., STE. 10 BOCA RATON, FL 33496

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/MEMBERS:

 Title:
 P
 () Delete

 Name:
 GOLDMAN, BRALEY S

 Address:
 9101 LAKERIDGE BLVD STE 23

 City-St-Zip:
 BOCA RATON, FL 33496

 Title:
 SPT () Delete

 Name:
 MALDONADO, ALCIDES

 Address:
 9101 LAKERIDGE BLVD STE 23

 City-St-Zip:
 BOCA RATON, FL 33496

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GOLDMAN, BRALEY S
Address: 9101 LAKERIDGE BLVD STE 23
City-St-Zip: BOCA RATON, FL 33496

Title: MGR (X) Change () Addition
Name: MALDONADO, ALCIDES
Address: 9101 LAKERIDGE BLVD STE 23
City-St-Zip: BOCA RATON, FL 33496

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: BRADLEY GOLDMAN MGR 04/30/2004