


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90420 037 ****50.00

DOCUMENT # L02000009157	
1. Entity Name ST. AUGUSTINE MEDICAL EQUIPMENT, LLC	

Principal Place of Business 1797 OLD MOULTRIE RD. SAINT AUGUSTINE, FL 32086	Mailing Address 925 BAYSIDE BLUFF RD. JACKSONVILLE, FL 32259
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24025865

2. Principal Place of Business 105 Southpark Blvd	3. Mailing Address 925 Bayside Bluff Rd
Suite, Apt. #, etc. A101	Suite, Apt. #, etc.

City & State St Augustine FL	City & State Jacksonville FL
Zip 32086	Zip 32259
Country USA	Country USA

03112004 Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0679219	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent TANTON, DANNY 925 BAYSIDE BLUFF RD. JACKSONVILLE, FL 32259	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAMAN, BRIAN S 516 WILLOWBROOK ST. SAINT AUGUSTINE, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TANTON, DANNY D 925 BAYSIDE BLUFF JACKSONVILLE, FL 32259 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURGHARDT, JOSEPH P 1437 HOPKINS CREEK LN. NEPTUNE BEACH, FL 32266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Manager Partner

3/17/04

Date

Daytime Phone #