


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000009157</b> 1. Entity Name ST. AUGUSTINE MEDICAL EQUIPMENT, LLC	
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Principal Place of Business 105 SOUTHPARK BLVD A101 SAINT AUGUSTINE, FL 32086	Mailing Address 925 BAYSIDE BLUFF RD. JACKSONVILLE, FL 32259
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01272007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0679219	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  TANTON, DANNY 925 BAYSIDE BLUFF RD. JACKSONVILLE, FL 32259
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**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

000000614290  
02/06/07-80020-009 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM KAMAN, BRIAN S 144 SUMMERHILL CIRCLE SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM TANTON, DANNY D 925 BAYSIDE BLUFF JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BURGHARDT, JOSEPH P 1437 HOPKINS CREEK LN. NEPTUNE BEACH, FL 32266
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #