

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000009157

FILED
Feb 01, 2008
Secretary of State

Entity Name: ST. AUGUSTINE MEDICAL EQUIPMENT, LLC

Current Principal Place of Business:

105 SOUTHPARK BLVD A101
SAINT AUGUSTINE, FL 32086

New Principal Place of Business:

105 SOUTHPARK BLVD
A101
SAINT AUGUSTINE, FL 32086

Current Mailing Address:

925 BAYSIDE BLUFF RD.
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 01-0679219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TANTON, DANNY
925 BAYSIDE BLUFF RD.
JACKSONVILLE, FL 32259 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 () Delete
Name: KAMAN, BRIAN S
Address: 144 SUMMERHILL CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: MGRM () Delete
Name: TANTON, DANNY D
Address: 925 BAYSIDE BLUFF
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM () Delete
Name: BURGHARDT, JOSEPH P
Address: 1437 HOPKINS CREEK LN.
City-St-Zip: NEPTUNE BEACH, FL 32266

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 exemption stated in Chapter 119, 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: DANNY TANTON

MGRM

02/01/2008

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