


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000011853</b> 1. Entity Name <b>MEDICAL EQUIPMENT PROCUREMENT, LLC</b>	
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Principal Place of Business <b>2234 COLONIAL BLVD. FT. MYERS, FL 33907</b>	Mailing Address <b>2234 COLONIAL BLVD. FT. MYERS, FL 33907</b>
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**DO NOT WRITE IN THIS SPACE**



04292004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>52-2372770</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DOSORETZ, DANIEL E M.D.  
2234 COLONIAL BLVD.  
FORT MYERS, FL 33907**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

000000153678  
05/04/04-80139-001 50.00

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOSORETZ, DANIEL M.D. 13221 PONDEROSA WAY FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHERIDON, HOWARD M.D. 842 CAL COVE FORT MYERS, FL 33919
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **4/29/04** **239-931-7330**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #