


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90016 016 \*\*\*\*50.00

<b>DOCUMENT # L02000015301</b> 1. Entity Name PRIMA DIABETIC SUPPLIES, LLC.	
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Principal Place of Business 2269 SOUTH UNIVERSITY DRIVE 457 FORT LAUDERDALE FL 33324	Mailing Address 2890 N ANDREWS AVE STE B FORT LAUDERDALE FL 33311
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E083 (11/03)

4. FEI Number 01-0726964	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  MAHON, JAMES F 2890 N ANDREWS AVE STE B FORT LAUDERDALE FL 33311
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARCOW, DEBBIE 2269 S UNIVERSITY DR DAVIE FL 33324 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AUGOUSTOTES, CHRISTOPHER 2269 S UNIVERSITY DR DAVIE FL 33324 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AUGOUSTOTES, MARIA 2269 S UNIVERSITY DR DAVIE FL 33324 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Mahon* (MANAGER) *G. Marlow For AUGUSTOTES* 04/27/04 954 879-1880  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Day Daytime Phone #