

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027770

**FILED**  
**Mar 02, 2006**  
**Secretary of State**

**Entity Name:** MEDICAL PURCHASING ALLIANCE, LLC

**Current Principal Place of Business:**

1940 HARRISON ST., SUITE 300  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

1930 HARRISON ST., SUITE 503  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

1940 HARRISON ST., SUITE 300  
HOLLYWOOD, FL 33020

**New Mailing Address:**

1930 HARRISON ST., SUITE 503  
HOLLYWOOD, FL 33020

**FEI Number:** 13-4221095

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DE FLAVIA, FRANK  
1940 HARRISON STREET, SUITE 300  
HOLLYWOOD, FL 33020 US

**Name and Address of New Registered Agent:**

DE FLAVIA, FRANK  
1930 HARRISON STREET, SUITE 503  
HOLLYWOOD, FL 33020 US

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:

03/02/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DE FLAVIA, FRANK  
Address: 1940 HARRISON ST  
City-St-Zip: HOLLYWOD, FL 33020

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DE FLAVIA, FRANK  
Address: 1930 HARRISON ST SUITE 503  
City-St-Zip: HOLLYWOD, FL 33020

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANK DE FLAVIA

MGRM

03/02/2006

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