

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000002030

1. Entity Name
V & P MEDICAL EQUIPMENT LLC



FILED

2004 OCT 12 P 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: 10525 SW 40TH ST. MIAMI, FL 33165
Mailing Address: 10525 SW 40TH ST. MIAMI, FL 33165

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Zip Country: Country

10082004 Chg-LLC CR2E083 (10/03)
4. FEI Number: 38-3671182
Applied For: Not Applicable

6. Name and Address of Current Registered Agent
VALDES, LIDIA R
3105 SW 103 PLCE
MIAMI, FL 33165

7. Name and Address of New Registered Agent
Name: Maria Del Carmen Perez
Street Address (P.O. Box Number is Not Acceptable): 10525 S.W. 40th Street
City: Miami FL Zip Code: 33165

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: *Maria Del Carmen Perez* Maria Del Carmen Perez 10/08/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$50.00
Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: VALDES, LIDIA STREET ADDRESS: 10525 SW 40TH ST. CITY-ST-ZIP: MIAMI, FL 33165 <input checked="" type="checkbox"/> Delete		TITLE: P, S Manager NAME: Maria Del Carmen Perez STREET ADDRESS: 10525 S.W. 40th Street CITY-ST-ZIP: Miami, Florida 33165 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: *Maria Del Carmen Perez* Maria Del Carmen Perez 10/08/04 786-266-0585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #