

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004566

FILED
Apr 16, 2004
Secretary of State

Entity Name: PINNACLE MEDICAL SUPPLIES, LLC

Current Principal Place of Business:

150 NW 75TH DRIVE
SUITE A
GAINESVILLE, FL 32607

New Principal Place of Business:

5400 SW COLLEGE ROAD
SUITE 112
OCALA, FL 34474 US

Current Mailing Address:

150 NW 75TH DRIVE
SUITE A
GAINESVILLE, FL 32607

New Mailing Address:

5400 SW COLLEGE ROAD
SUITE 112
OCALA, FL 34474 US

FEI Number: 27-0046752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DORAN, MITCHELL A
8508 NW 4TH PLACE
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

ASHBY, STEPHEN L MR.
2501 NW 35TH PLACE
GAINESVILLE, FL 32605 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: STEPHEN LEE ASHBY

04/16/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: RUSSELL, TREVOR A
Address: 4340 SE 59TH STREET
City-St-Zip: OCALA, FL 34480 US

Title: MGR () Change (X) Addition
Name: ASHBY, STEPHEN L
Address: 2501 NW 35TH PLACE
City-St-Zip: GAINESVILLE, FL 32605 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEPHEN L. ASHBY

MGR

04/16/2004

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