

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004566

FILED
Apr 25, 2005
Secretary of State

Entity Name: PINNACLE MEDICAL SUPPLIES, LLC

Current Principal Place of Business:

5400 SW COLLEGE ROAD
SUITE 112
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

5400 SW COLLEGE ROAD
SUITE 112
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 27-0046752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TREVOR A. RUSSELL

MGR

04/25/2005

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