## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000026431

Entity Name: HELPING HANDS MEDICAL EQUIPMENT, LLC

FILED Aug 06, 2006 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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4479 N. STATE RD 7 FORT LAUDERDALE, FL 33319

Current Mailing Address: New Mailing Address:

4479 N. STATE RD 7 FORT LAUDERDALE, FL 33319

FEI Number: 20-0107974 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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:

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

MGR ( ) Delete Title: MGR (X) Change ( ) Addition

 Name:
 LEVVA, DEBBIE
 Name:
 LEYVA, DEBBIE

 Address:
 4479 N. STATE RD 7
 Address:
 4479 N. STATE RD 7

City-St-Zip: FORT LAUDERDALE, FL 33319 City-St-Zip: FORT LAUDERDALE, FL 33319

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

 Name:
 CRAVER, RICHARD
 Name:
 CRAVEN, RICHARD

 Address:
 4479 N. STATE RD. 7
 Address:
 4479 N. STATE RD. 7

City-St-Zip: FORT LAUDERDALE, FL 33319 City-St-Zip: FORT LAUDERDALE, FL 33319

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: RICHARD CRAVEN MGR 08/06/2006