

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033165

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: IN STOCK MEDICAL SUPPLY, LLC

**Current Principal Place of Business:**

3 MICHELLE STREET  
MONROE TOWNSHIP, NJ 08831 US

**New Principal Place of Business:**

**Current Mailing Address:**

3 MICHELLE STREET  
MONROE TOWNSHIP, NJ 08831 US

**New Mailing Address:**

FEI Number: 04-3772528

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JACKSON, PRESTON J  
220 E. UNIVERSITY BLVD. #401  
MELBOURNE, FL 32901 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: MGRM ( ) Delete  
Name: JACKSON, PRESTON L  
Address: 3 MICHELLE STREET  
City-St-Zip: MONROE TOWNSHIP, NJ 08831 US

Title: MGRM ( ) Delete  
Name: JACKSON, KENNETH A  
Address: 20 DAVID DRIVE  
City-St-Zip: NEW HEMPSTEAD, NY 10977 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: PRESTON L JACKSON

MGRM

04/26/2005

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