

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033165

Entity Name: IN STOCK MEDICAL SUPPLY, LLC

FILED
May 03, 2006
Secretary of State

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 (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:

JACKSON, PRESTON J
220 E. UNIVERSITY BLVD. #401
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

CHALMERS, FRED
5481 W. ATLANTIC BLVD
SUITE 112
MARGATE, FL 33063 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: FRED CHALMERS

05/03/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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 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: PRESTON L JACKSON

MGRM

05/03/2006

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