

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033957

FILED
Apr 27, 2005
Secretary of State

Entity Name: MEDICAL EQUIPMENT SOLUTIONS OF SOUTHEAST FLORIDA, LLC

Current Principal Place of Business:

1841 SOUTH DIXIE HIGHWAY
POMPANO, FL 33060

New Principal Place of Business:

2958 N.W. 60TH STREET
FT. LAUDERDALE, FL 33309

Current Mailing Address:

1841 SOUTH DIXIE HIGHWAY
POMPANO, FL 33060

New Mailing Address:

2958 N.W. 60TH STREET
FT. LAUDERDALE, FL 33309

FEI Number: 45-0535912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIPP, JAMES
1841 SOUTH DIXIE HIGHWAY
POMPANO, FL 33060 US

Name and Address of New Registered Agent:

TRIPP, JAMES
2958 N.W. 60TH STREET
FT. LAUDERDALE, FL 33309 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: _____

04/27/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: EHRETS, MARK
Address: 1841 S. DIXIE HIGHWAY
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: EHRETS, MARK
Address: 2958 N.W. 60TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33309

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: MARK EHRETS

MGR

04/27/2005

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