# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033957

**FILED**
**Jan 10, 2006**
**Secretary of State**

**Entity Name:** MEDICAL EQUIPMENT SOLUTIONS OF SOUTHEAST FLORIDA, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

2042 MEARS PARKWAY
MARGATE, FL 33063

**Current Mailing Address:**

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

**New Mailing Address:**

2042 MEARS PARKWAY
MARGATE, FL 33063

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

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

TRIPP, JAMES
2042 MEARS PARKWAY
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: ______________________ 01/10/2006
Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: EHRETS, MARK
Address: 2042 MEARS PARKWAY
City-St-Zip: MARGATE, FL 33063

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: MARK EHRETS MGR 01/10/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date