

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000033957

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

2060 MEARS PARKWAY  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

2060 MEARS PARKWAY  
MARGATE, FL 33063

**New Mailing Address:**

**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  
2060 MEARS PARKWAY  
MARGATE, FL 33063 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/MANAGERS:**

Title: MGR  
Name: EHRETS, MARK  
Address: 2060 MEARS PARKWAY  
City-St-Zip: MARGATE, FL 33063

I hereby 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: MAK EHRETS

MGR

04/28/2011

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