

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000038655**

1. Entity Name  
**COASTAL OXYGEN & MEDICAL SUPPLY, LLC**



Principal Place of Business  
**2411 EXECUTIVE PLAZA DR  
PENSACOLA, FL 32504**

Mailing Address  
**2970 CORAL STRIP PARKWAY  
GULF BREEZE, FL 32563**



01122005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0296189**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PADGET, DONALD R  
2970 CORAL STRIP PARKWAY  
GULF BREEZE, FL 32563**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
LOCKWOOD, DAVID A  
132 RASPBERRY LN  
CAMILLUS, NY 13031**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
PADGET, DONALD R  
2970 CORAL STRIP PKWY  
GULF BREEZE, FL 32563**

TITLE  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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:**

**Donald R. Padget**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**1/12/05 850-393-4405**  
Date Daytime Phone