


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000047524
 1. Entity Name
 NORTH AMERICAN MEDICAL EQUIPMENT AND SUPPLY, LLC



Principal Place of Business Mailing Address
 2999 NE 191 ST, PENTHOUSE 8 2999 NE 191 ST, PENTHOUSE 8
 AVENTURA, FL 33180 AVENTURA, FL 33180

DO NOT WRITE IN THIS SPACE



04252005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0493822	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 HELLMAN, MAYNARD J ESQ
 2999 NE 191 ST, PENTHOUSE 8
 AVENTURA, FL 33180

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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 _____ (NOTE: Registered Agent; signature required when re-registering) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERNANDEZ, CHARLES M 2999 NE 191ST ST PH 8 AVENTURA, FL 33180
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Charles M. Fernandez MANAGER 4/26/05 305-918-0009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CHARLES M. FERNANDEZ