


**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 2999 NE 191 ST, PENTHOUSE 8 AVENTURA, FL 33180	Mailing Address 2999 NE 191 ST, PENTHOUSE 8 AVENTURA, FL 33180
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DO NOT WRITE IN THIS SPACE



04252005 No 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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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>	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:  MANAGER 4/26/05 305-918-0009		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER TO AUTHORIZE REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>

CHARLES M. FERNANDEZ