


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90027 004 ****50.00

DOCUMENT # L03000047524


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



Principal Place of Business Mailing Address
 2999 NE 191 ST, ~~PENTHOUSE 8~~ #905 2999 NE 191 ST, ~~PENTHOUSE 8~~ #905
 AVENTURA, FL 33180 AVENTURA, FL 33180

DO NOT WRITE IN THIS SPACE

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04192006 No Chg-LLC CR2E083 (11/05)

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 #905
 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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00
Due by May 1, 2006

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 exemptions contained in Chapter 119, 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: W. Dennis Proady Date: 4/26/06 (305) 918-0009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #