

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90115 048 ****50.00

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DOCUMENT # L03000047524			
1. Entity Name NORTH AMERICAN MEDICAL EQUIPMENT AND SUPPLY, LLC			
Principal Place of Business 2999 NE 191 ST, #905 AVENTURA, FL 33180		Mailing Address 2999 NE 191 ST, #905 AVENTURA, FL 33180	
2. Principal Place of Business - No P.O. Box # 4400 Biscayne Blvd.		3. Mailing Address 4400 Biscayne Blvd.	
Suite, Apt. #, etc. 900		Suite, Apt. #, etc. 900	
City & State Miami, FL		City & State Miami, FL	
Zip 33137		Country USA	
4. FEI Number 20-0493822		Applied For <input type="checkbox"/> 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, #905 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name: Maynard J. Hellman, Esq. Street Address (P.O. Box Number is Not Acceptable) 4400 Biscayne Blvd. #900 City: Miami FL Zip Code: 33137	
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 obligation of, registered agent.			
SIGNATURE:		DATE: 4/27/07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE D	NAME FERNANDEZ, CHARLES M	<input type="checkbox"/> Delete	
STREET ADDRESS 2999 NE 191 ST PH 8	CITY-ST-ZIP AVENTURA, FL 33180		
TITLE D	NAME Fernandez, Charles M	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS 4400 Biscayne Blvd. #900	CITY-ST-ZIP Miami, FL 33137		
TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
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:		DATE: 4/27/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: 305-277-1095	