

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056700

FILED
Apr 30, 2004
Secretary of State

Entity Name: JDJ MEDICAL SUPPLIES, LLC

Current Principal Place of Business:

1401 BRICKELL AVENUE, STE. 825
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1401 BRICKELL AVENUE, STE. 825
MIAMI, FL 33131

New Mailing Address:

FEI Number: 95-4810119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABALLI, RAFAEL SANCHEZ ESQ
1401 BRICKELL AVENUE, STE. 825
MIAMI, FL 33131

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: ARROM, ORLANDO CPA
Address: 10556 NW 26 ST NO.D203
City-St-Zip: MIAMI, FL 33172

Title: MGR () Change (X) Addition
Name: MENDEZ, OLGA P
Address: 1401 BRICKELL AVENUE, STE. 825
City-St-Zip: MIAMI, FL 33131

Title: MGR () Change (X) Addition
Name: MENDEZ, ALVARO
Address: 1401 BRICKELL AVENUE, SUITE 825
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: OLGA PATRICIA MENDEZ

MRS.

04/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date