2005 LIMITED LIABILITY COMPANY

Jan 31, 2005 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # L04000001029** 01-31-2005 90202 047 ****50.00 1. Entity Name GOLDCOAST PHYSICIAN'S SUPPLY, LLC Principal Place of Business Mailing Address 20005304 27510 ERNEST CROFT RD 27510 ERNEST CROFT RD DADE CITY, FL 33525 DADE CITY, FL 33525 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01202005 Chg-LLC CR2E083 (10/03) City & State City & State Applied For 4._FEI Number 20-05369 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required - - 7.─Name and Address of Now Registered Agent ≃ --6. Name and Address of Current Registered Agent --GUZELL, ROBERT P JR Street Address (P.O. Box Number is Not Acceptable) 27510 ERNEST CROFT RD DADE CITY, FL 33525 City Zip Code 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. We see that a state 1960 or the second of the sec The state of the second state of spiles in the second seco ្នុងស្ត្រាស់ មានស្ថានស្រាស់ បានប្រជាពលរដ្ឋមានស្រាស់ ប្រជាពលរដ្ឋមានស្រាស់ បានប្រជាពលរដ្ឋមានស្រាស់ បានប្រជាពលរដ្ឋ ការ ល្បាស់ អ្នក មានស្ថានស្រាស់ បានប្រជាពលរដ្ឋមានស្រាស់ ស្រាស់ ស្រាស់ ស្រាស់ ស្រាស់ ស្រាស់ ស្រាស់ ស្រាស់ ស្រាស់ Signature, typed or printed name of registered agent and title II applicable. (NOTE: Registered Agent signature required when reinstating) अध्यक्त स्थापन है GI . NUMBER 9875. Filing Fee is \$50.00 Make check payable to Florida Department of State (), 1979 Due by May 1, 2005 Lirt. RHITE MANAGING MEMBERS/MANAGERS 9: 10. ADDITIONS/CHANGES MGR TITLE TÌTE ☐ Delete Change Addition GUZELL, ROBERT P JR NAME NAME STREET ADDRESS 27510 ERNEST CROFT RD STREET ADDRESS CITY-ST-ZIP CITY+ST-7/P DADE CITY, FL 33525 ☐ Addition TITLE ☐ Delete TITLE NĂME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE and the first of the NAMÉ STREET ADDRESS STREET ADDRESS \$7,55.1/(Blen.) y, -9,534-1,2 CITY-ST-ZIP ----CITY-ST-ZIP ---ஸ். ஏ. நக்கத்தார்⊡ Change 🗔 🗖 Addition ☐ Delete TITLE TITLE a physick of Long NAME NAME in a court things to . STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not quality 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 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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. Quality of the state of the sta

CITY:ST-ZIP

SIGNATURE: ____

STREET ADDRESS CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

352.588.4333

FILED