
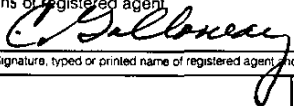



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:50

<b>DOCUMENT # L04000005481</b> 1. Entity Name WEST FLORIDA MEDICAL SALES, LLC					
Principal Place of Business 8969 SPRING MOUNTAIN WAY FT MYERS, FL 33908			Mailing Address 8969 SPRING MOUNTAIN WAY FT MYERS, FL 33908		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HYDE PARK ACCOUNTANTS, PA 2305 W. MORRISON AVE. TAMPA, FL 33629			Name <b>CHAD GALLOWAY</b> Street Address (P.O. Box Number is Not Acceptable) <b>8969 SPRING MOUNTAIN WAY</b> City <b>FORT MYERS</b> <b>FL</b> Zip Code <b>33908</b>		
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  DATE _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GALLOWAY, CHAD 8969 SPRING MOUNTAIN WAY FT MYERS, FL 33908		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>70008045885?</b> <b>10/04/06--01033--013 **50.00</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>7-21-06</b> Daytime Phone # _____		