

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019448

FILED  
Apr 05, 2005  
Secretary of State

**Entity Name:** CHAMPION MEDICAL EQUIPMENT RENTALS AND SALES, L.L.C.

**Current Principal Place of Business:**

324 LONG AVENUE  
PORT ST. JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

324 LONG AVENUE  
PORT ST. JOE, FL 32456

**New Mailing Address:**

**FEI Number:** 20-0874089

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BRYANT, ROWLETT W  
833 HARRISON AVENUE  
PANAMA CITY, FL 32401 US

**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: MGRM ( ) Delete  
Name: MICHAEL DALE SIMMONS,  
Address: 1303 SAVANNAH DRIVE  
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM ( ) Delete  
Name: JOSEPH CHARLES EDGE, OMBE  
Address: 812 BRADFORD CIRCLE  
City-St-Zip: LYNN HAVEN, FL 32444

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: JOSEPH CHARLES EDGE, OMBE  
Address: 6314 JOHN PITTS RD  
City-St-Zip: PANAMA CITY, FL 32404

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: MICHAEL D. SIMMONS

MGRM

04/05/2005

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