

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041291

FILED  
Jun 01, 2005  
Secretary of State

**Entity Name:** CHAMPION MEDICAL EQUIPMENT, LLC

**Current Principal Place of Business:**

8110 NW 92ND TERR  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

8110 NW 92ND TERR  
TAMARAC, FL 33321

**New Mailing Address:**

FEI Number: 20-1188466      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SHOEMAKER, KEITH T  
8592 W. SUNRISE BLVD.  
SUITE 409  
PLANTATION, FL 33322 US

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: PRES ( ) Delete  
Name: SHOEMAKER, KEITH T  
Address: 8592 W. SUNRISE BLVD. SUITE 409  
City-St-Zip: PLANTATION, FL 33322

**ADDITIONS/CHANGES:**

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

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: KEITH SHOEMAKER

PRES

06/01/2005

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