

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90017 020 ***150.00

DOCUMENT # L04000044049

1. Entity Name
VIP MEDICAL SUPPLIES, LLC



Principal Place of Business
**600 WEST HILLSBORO BOULEVARD, SUITE 510
DEERFIELD BEACH, FL 33441**

Mailing Address
**600 WEST HILLSBORO BOULEVARD, SUITE 510
DEERFIELD BEACH, FL 33441**

20035257



2. Principal Place of Business
350 Jim Moran Blvd

3. Mailing Address
350 Jim Moran Blvd

Suite, Apt. #, etc.
Suite 220

Suite, Apt. #, etc.
Suite 220

City & State
Deerfield Beach, FL

City & State
Deerfield Beach, FL

04042006 Chg-LLC CR2E083 (11/05)

Zip
33442

Country
USA

Zip
33442

Country
USA

4. FEI Number
20-1232329

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WELZIEN, JAMES
600 WEST HILLSBORO BOULEVARD, SUITE 510
DEERFIELD BEACH, FL 33441

7. Name and Address of New Registered Agent

Name
SAME

Street Address (P.O. Box Number is Not Acceptable)
350 Jim Moran Blvd, Suite 220

City
Deerfield Beach

FL

Zip Code
33442

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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
MGRM

NAME
WELZIEN, JAMES S

STREET ADDRESS
600 W HILLSBORO BLVE STE 510

CITY-ST-ZIP
DEERFIELD BEACH, FL 33441

☐ Delete

TITLE
NAME

STREET ADDRESS
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CITY-ST-ZIP
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10. ADDITIONS/CHANGES

TITLE
Same

NAME
Same

STREET ADDRESS
350 Jim Moran Blvd, Suite 220

CITY-ST-ZIP
Deerfield Beach, FL 33442

☒ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
NAME

CITY-ST-ZIP
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☐ Change ☐ Addition

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☐ Change ☐ Addition

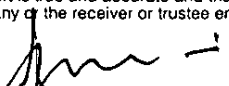
TITLE
NAME

STREET ADDRESS
NAME

CITY-ST-ZIP
NAME

☐ Change ☐ 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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____