

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053674

FILED
Apr 28, 2009
Secretary of State

Entity Name: MEDCARE DIABETIC SUPPLY LLC

Current Principal Place of Business:

84 PINNACLES PARK
BUILDING A, SUITE 300
PALM COAST, FL 32164

New Principal Place of Business:

2323 N STATE ST. (US1)
UNIT #8
BUNNELL, FL 321104394 US

Current Mailing Address:

84 PINNACLES PARK
BUILDING A, SUITE 300
PALM COAST, FL 32164

New Mailing Address:

2323 N STATE ST. (US1)
UNIT #8
BUNNELL, FL 321104394 US

FEI Number: 20-1333590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTI, GERALD
7100 W CAMINO REAL STE 405
BOCA RATON, FL 33433 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/MANAGERS:

Title: MGRM () Delete
Name: GERALD, ROBERTI
Address: 7100 W CAMINO REAL STE 405
City-St-Zip: BOCA RATON, FL 33433

Title: MGRM () Delete
Name: CATHERINE, MCVEIGH L
Address: 156 BELLEAIRE DRIVE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CATHERINE MCVEIGH

MGRM

04/28/2009

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