

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053674

FILED  
May 01, 2010  
Secretary of State

Entity Name: MEDCARE DIABETIC SUPPLY LLC

**Current Principal Place of Business:**

2323 N. STATE ST., STE 8  
BUNNELL, FL 32110 US

**New Principal Place of Business:**

**Current Mailing Address:**

2323 N. STATE ST., STE 8  
BUNNELL, FL 32110 US

**New Mailing Address:**

2323 N. STATE ST., STE 76  
BUNNELL, FL 32110 US

FEI Number: 20-1333590      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:**

ROBERTI, GERALD  
7100 W CAMINO REAL STE 405  
BOCA RATON, FL 33433 US

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

ROBERTI, GERALD  
6136 VISTA LINDA LANE  
BOCA RATON, FL 33433 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

05/01/2010

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GERALD, ROBERTI  
Address: 6136 VISTA LINDA LANE  
City-St-Zip: BOCA RATON, FL 33433

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

I hereby 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 GANEM

MGRM

05/01/2010

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