

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Mar 07, 2008  
Secretary of State**

DOCUMENT# L04000064991

Entity Name: MEDICAL TECHNOLOGY SUPPLIES L.L.C.

**Current Principal Place of Business:**

8205 N.W. 70 STREET  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

8205 N.W. 70 STREET  
MIAMI, FL 33166

**New Mailing Address:**

FEI Number: 20-1586972      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

OLIVARES, ANTONIO  
8205 N.W. 70 STREET  
MIAMI, FL 33166    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: MGR ( ) Delete  
Name: OLIVARES, ANTONIO  
Address: 8205 N.W. 70 STREET  
City-St-Zip: MIAMI, FL 33166

Title: MGR (X) Delete  
Name: SANCHEZ, GRACIELA  
Address: 8205 N.W. 70 STREET  
City-St-Zip: MIAMI, FL 33166

**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: ANTONIO OLIVARES

MGR

03/07/2008

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