

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064991

FILED
Jan 20, 2009
Secretary of State

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:

10683 N.W. 123 STREET ROAD
MEDLEY, FL 33178

Current Mailing Address:

8205 N.W. 70 STREET
MIAMI, FL 33166

New Mailing Address:

10683 N.W. 123 STREET ROAD
MEDLEY, FL 33178

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:

SANCHEZ, GRACIELA B
10683 NW 123 STREET ROAD
MEDLEY, FL 33178 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: GRACIELA SANCHEZ

01/20/2009

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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: OLIVARES, ANTONIO
Address: 10683 NW 123 STREET ROAD
City-St-Zip: MEDLEY, FL 33178

Title: MGR () Change (X) Addition
Name: SANCHEZ, GRACIELA B
Address: 10683 NW 123 STREET ROAD
City-St-Zip: MEDLEY, FL 33178

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

01/20/2009

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