# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 23, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # L04000073483

1. Entity Name
FORSURE MEDICAL SUPPLY COMPANY L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 7990 GRAND CANAL DRIVE<br>MIAMI, FL 33144 | 7990 GRAND CANAL DRIVE<br>MIAMI, FL 33144 |

**DO NOT WRITE IN THIS SPACE**

01182006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2256489
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARIAS, IVETTE
7990 GRAND CANAL DRIVE
MIAMI, FL 33144

**DO NOT WRITE IN THIS SPACE**

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**

U00000399142
01/31/06-80028-001 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | ARIAS, IVETTE |
| STREET ADDRESS | 7990 GRAND CANAL DRIVE |
| CITY-ST-ZIP | MIAMI, FL 33144 |
| TITLE | |
| NAME | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** Ivette Arias 1/19/06 (305)594-1121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #