

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088860

Entity Name: AAA MEDICAL SUPPLIES LLC

FILED  
Sep 15, 2008  
Secretary of State

## Current Principal Place of Business:

2100 45TH STREET  
SUITE B-22  
WEST PALM BEACH, FL 33407

## New Principal Place of Business:

## Current Mailing Address:

2100 45TH STREET  
SUITE -22  
WEST PALM BEACH, FL 33407

## New Mailing Address:

2100 45TH STREET  
SUITE B-22  
WEST PALM BEACH, FL 33407

FEI Number: 20-1981298      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:

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

APPLIED SPORTS & INJURY CENTER  
2100 45TH STREET  
SUITE B-22  
WEST PALM BEACH, FL 33407 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: ROBERT KLEINFELD

09/15/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: KLEINFELD, ROBERT  
Address: 2100 45TH STREET SUITE B22  
City-St-Zip: WEST PALM BEACH, FL 33407

## ADDITIONS/CHANGES:

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: ROBERT KLEINFELD

DR.

09/15/2008

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