

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090654

Entity Name: ZONECARE USA DME, LLC

FILED
Aug 14, 2006
Secretary of State

Current Principal Place of Business:

223 N.E. 5TH AVENUE
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

PO BOX 8379
DELRAY BEACH, FL 33482

New Mailing Address:

FEI Number: 20-2209255 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:

Name and Address of New Registered Agent:

WILSON, PATRICIA M
223 N.E. 5TH AVENUE
DELRAY BEACH, FL 33444 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

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ZONECARE USA OF DELR, AY, LLC
Address: 223 N.E. 5TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

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 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: PATRICIA WILSON

MGRM

08/14/2006

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