

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013445

**FILED**  
**Feb 21, 2010**  
**Secretary of State**

**Entity Name:** MID FLORIDA MEDICAL SALES, LLC

**Current Principal Place of Business:**

783 KINGSBRIDGE DR  
OVIEDO, FL 32765

**New Principal Place of Business:**

605 EVENING SKY DRIVE  
OVIEDO, FL 32765

**Current Mailing Address:**

783 KINGSBRIDGE DR  
OVIEDO, FL 32765

**New Mailing Address:**

605 EVENING SKY DRIVE  
OVIEDO, FL 32765

FEI Number: 20-2370898

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KINGSLEY, KEVIN P  
783 KINGSBRIDGE DR  
OVIEDO, FL 32765 US

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

KINGSLEY, KEVIN P  
605 EVENING SKY DRIVE  
OVIEDO, FL 32765 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

02/21/2010

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KINGSLEY, KEVIN P  
Address: 605 EVENING SKY DRIVE  
City-St-Zip: OVIEDO, FL 32765

I hereby 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: KEVIN KINGSLEY

MGR

02/21/2010

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