

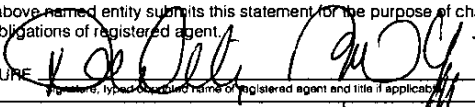
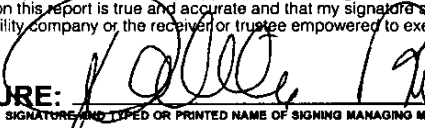


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90102 001 \*\*\*\*\*5.00  
05-01-2006 90102 002 \*\*\*\*\*50.00

<b>DOCUMENT # L05000021564</b> 1. Entity Name <b>BAY MEDICAL EQUIPMENT, LLC</b>					
Principal Place of Business <b>5077 ASHLEY PARKWAY SARASOTA, FL 34241 US</b>			Mailing Address <b>5077 ASHLEY PARKWAY SARASOTA, FL 34241 US</b>		
2. Principal Place of Business <b>6321 Porter Road Suite 4 Sarasota, FL 34240 US</b>		3. Mailing Address <b>6321 Porter Road Suite 4 Sarasota, FL 34240 US</b>			
4. FEI Number <b>20-2425192</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				04262006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent <b>BEN-GHUZZI, DEBBIE A 5077 ASHLEY PARKWAY SARASOTA, FL 34241</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 <b>4-28-06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BEN-GHUZZI, DEBBIE A 5077 ASHLEY PARKWAY SARASOTA, FL 34241</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BEN-GHUZZI, HUSNI M 5077 ASHLEY PARKWAY SARASOTA, FL 34241</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  DATE <b>4-28-06</b> 941 377-5000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					