

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000021564

FILED
Sep 05, 2007
Secretary of State

Entity Name: BAY MEDICAL EQUIPMENT, LLC

Current Principal Place of Business:

6321 PORTER RD
STE 4
SARASOTA, FL 34240 US

New Principal Place of Business:

Current Mailing Address:

6321 PORTER RD
STE 4
SARASOTA, FL 34240 US

New Mailing Address:

FEI Number: 20-2425192 **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:

BEN-GHUZZI, DEBBIE A
5077 ASHLEY PARKWAY
SARASOTA, FL 34241 US

Name and Address of New Registered Agent:

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: BEN-GHUZZI, DEBBIE A
Address: 5077 ASHLEY PARKWAY
City-St-Zip: SARASOTA, FL 34241 US

Title: MGRM () Delete
Name: BEN-GHUZZI, HUSNI M
Address: 5077 ASHLEY PARKWAY
City-St-Zip: SARASOTA, FL 34241 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DEBBIE BEN-GHUZZI

MGRM

09/05/2007

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