

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000028546

FILED  
Jan 31, 2006  
Secretary of State

Entity Name: OUTPATIENT MEDICAL SUPPLIES, LLC

## Current Principal Place of Business:

5089 NW 41ST PLACE  
LAUDERDALE LAKES, FL 33319

## New Principal Place of Business:

7481 WEST OAKLAND PARK BLVD  
SUITE 303  
LAUDERHILL, FL 33319

## Current Mailing Address:

5089 NW 41ST PLACE  
LAUDERDALE LAKES, FL 33319

## New Mailing Address:

7481WEST OAKLAND PARK BLVD  
SUITE 303  
LAUDERHILL, FL 33319

FEI Number: 20-2549920

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HONORE, MICHAEL  
5089 NW 41ST PLACE  
LAUDERDALE LAKES, FL 33319 US

## Name and Address of New Registered Agent:

HONORE, MICHAEL  
6237 PINE TERRACE  
PLANTATION, FL 33317 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: MICHAEL HONORE

01/31/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: HONORE, MICHAEL  
Address: 5089 NW 41ST PLACE  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: MGR ( ) Delete  
Name: DECOSTE, JULIEN  
Address: 5089 NW 41ST PLACE  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: MGR ( ) Delete  
Name: NABIE, NAZAM  
Address: 5089 NW 41ST PLACE  
City-St-Zip: LAUDERDALE LAKES, FL 33319

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: HONORE, MICHAEL  
Address: 6237 PINE TERRACE  
City-St-Zip: PLANTATION, FL 33317

Title: MGR (X) Change ( ) Addition  
Name: DECOSTE, JULIEN  
Address: 3881 NW 110TH AVE, APT SOUTH  
City-St-Zip: CORAL SPRINGS, FL 33065

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: MICHAEL HONORE

MGR

01/31/2006

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