

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90108 005 ****50.00

DOCUMENT # L05000028546

1. Entity Name

OUTPATIENT MEDICAL SUPPLIES, LLC



Principal Place of Business

Mailing Address

7481 WEST OAKLAND PARK BLVD
SUITE 303
LAUDERHILL FL 33319

7481 WEST OAKLAND PARK BLVD
SUITE 303
LAUDERHILL FL 33319

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-2549920

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HONORE, MICHAEL
6237 PINE TERRACE
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name **NAZAM NABIE**

Street Address (P.O. Box Number is Not Acceptable)

**5089 NW 41st PLACE
LAUDERDALE LAKES**

City

FL

Zip Code

33319

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

[Signature]

NAZAM NABIE

4/14/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME
MGR
HONORE, MICHAEL
STREET ADDRESS
6237 PINE TERRACE
CITY-ST-ZIP
PLANTATION FL 33317

TITLE ☐ Delete
NAME
MGR
DECOSTE, JULIEN
STREET ADDRESS
3881 NW 110TH AVE, APT SOUTH
CITY-ST-ZIP
CORAL SPRINGS FL 33065

TITLE ☐ Delete
NAME
MGR
NABIE, NAZAM
STREET ADDRESS
5089 NW 41ST PLACE
CITY-ST-ZIP
LAUDERDALE LAKES FL 33319

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

NAZAM NABIE

4/14/07

9545722616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #