

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000028546

FILED
Jun 19, 2009
Secretary of State

Entity Name: OUTPATIENT MEDICAL SUPPLIES, LLC

Current Principal Place of Business:

7481 WEST OAKLAND PARK BLVD
SUITE 303
LAUDERHILL, FL 33319

New Principal Place of Business:

Current Mailing Address:

7481 WEST OAKLAND PARK BLVD
SUITE 303
LAUDERHILL, FL 33319

New Mailing Address:

FEI Number: 20-2549920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: JULIEN, DECOSTE
Address: 1330 NW 39TH STREET
City-St-Zip: CORAL SPRINGS, FL 33065

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: NAZAM NABIE

MGR

06/19/2009

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