

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033127

FILED
Mar 26, 2009
Secretary of State

Entity Name: OPIS MEDICAL SUPPLY, LLC

Current Principal Place of Business:

8800 GRAND OAK CIRCLE, STE. 400
TAMPA, FL 33637

New Principal Place of Business:

Current Mailing Address:

8800 GRAND OAK CIRCLE, STE. 400
TAMPA, FL 33637

New Mailing Address:

FEI Number: 83-0425412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVID J. POWERS, P.A.
7777 GLADES ROAD, STE. 300
BOCA RATON, FL 33434 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: SYNERGY II, LLC
Address: 8800 GRAND OAK CIR #400
City-St-Zip: TAMPA, FL 33637

Title: MGRM () Delete
Name: SYNERGY III, LLC
Address: 8800 GRAND OAK CIR #400
City-St-Zip: TAMPA, FL 33637

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: ROBERT RABIL

MGRM

03/26/2009

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