

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050518

FILED
Jan 11, 2006
Secretary of State

Entity Name: MEDICAL SUPPLIES GENERAL DISTRIBUTOR(MSGD) LLC

Current Principal Place of Business:

890 SW 129 PLACE
APT 202
MIAMI FL, 33184

New Principal Place of Business:

890 SW 129 PLACE
APT 202
MIAMI, FL 33184 US

Current Mailing Address:

890 SW 129 PLACE
APT 202
MIAMI FL, 33184

New Mailing Address:

890 SW 129 PLACE
APT 202
MIAMI, FL 33184 US

FEI Number: 54-2180902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARAGUNDI, RONNEY E
10145NW 9THCIRCLEUNIT4
APT 404
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

ARAGUNDI, RONNEY E MR.
10145NW 9THCIRCLEUNIT4
APT 404
MIAMI, FL 33172 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: RONNEY ARAGUNDI

01/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ARAGUNDI, RONNEY
Address: 15101 SW 11 CALLE
City-St-Zip: MIAMI, FL 33194 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ARAGUNDI, RONNEY E MR.
Address: 15101 SW 11 CALLE
City-St-Zip: MIAMI, FL 33194 US

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: RONNEY ARAGUNDI

MR.

01/11/2006

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