FILED
Jun 25, 2008 8:00 am
Secretary of State
04-30-2008 90020 007 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000060892

1. Entity Name
MEDICAL EQUIPMENT DEVICE DISTRIBUTORS, LLC

Principal Place of Business	Mailing Address
1080 4TH CT. SW VERO BEACH, FL 32962	1080 4TH CT. SW VERO BEACH, FL 32962

JUUUJJUO

04072008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2177724
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARR, DAVID J
1080 4TH CT. SW
VERO BEACH, FL 32962

DO NOT WRITE IN THIS SPACE

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 _____ DATE

FILE NUMBER FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MARR, DAVID J
STREET ADDRESS	1080 4TH CT. SW
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	MEMBER
NAME	JOSH MARR
STREET ADDRESS	1080 4TH CT SW
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	MEMBER
NAME	SHERRY MARR
STREET ADDRESS	1080 4TH CT SW
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

MEMBER - VICE PRES-DENT

TREASURER

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ 4/7/08 8777109074
Date Daytime Phone #