

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082020

FILED
Jan 14, 2009
Secretary of State

Entity Name: ICON MEDICAL EQUIPMENT LLC

Current Principal Place of Business:

1271 NE 140TH STREET
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

1271 NE 140TH STREET
NORTH MIAMI, FL 33161

New Mailing Address:

FEI Number: 20-3331275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELLO, HECTOR
5743 GRANADA DR. #295
SARASOTA, FL 342314 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: BELLO, HECTOR
Address: 5749 GRANADA DR. #295
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES:

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: HECTOR BELLO

MR

01/14/2009

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