

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000094699

FILED
Oct 19, 2007
Secretary of State

Entity Name: A-Z MEDICAL EQUIPMENT SALES & SERVICE, LLC

Current Principal Place of Business:

700 EAST UNION ST
SUITE 1-I
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

700 EAST UNION ST
SUITE 1-I
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 20-1826587 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JONES, GERALD
804 WEST MINSTER DRIVE
ORANGE PARK, FL 32073 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: GERALD JONES

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: OWENSBY, LARRY R
Address: 6965 ALANA ROAD
City-St-Zip: JACKSONVILLE, FL 32211

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

Title: MGRM () Delete
Name: JONES, GERALD P
Address: 804 WEST MINSTER DRIVE
City-St-Zip: ORANGE PARK, FL 32073

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: LARRY OWENSBY

MGRM

10/19/2007

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