

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000094699

FILED
Mar 14, 2008
Secretary of State

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

Current Principal Place of Business:

4545 ST AUGUSTINE ROAD
#2
JACKSONVILLE, FL 32207

New Principal Place of Business:

700 EAST UNION STREET
JACKSONVILLE, FL 32206

Current Mailing Address:

4545 ST AUGUSTINE ROAD
#2
JACKSONVILLE, FL 32207

New Mailing Address:

700 EAST UNION STREET
JACKSONVILLE, FL 32206

FEI Number: 20-1826587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LITTLES, JOSEPH
1783 DOCKSIDE DR
ORANGE PARK, FL 32003 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: JOSEPH D. LITTLES

03/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

Title: MGRM (X) Delete
Name: LITTLES, JOSEPH D
Address: 1783 DOCKSIDE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LITTLES, JOSEPH D
Address: 1783 DOCKSIDE DR
City-St-Zip: ORANGE PARK, FL 32003

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: JOSEPH D. LITTLES

MGRM

03/14/2008

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