

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097317

FILED
Jan 03, 2007
Secretary of State

Entity Name: UNIVERSAL MEDICAL WHOLESAL EQUIPMENT, LLC

Current Principal Place of Business:

10073 CUSTER CIR
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

10073 CUSTER CIR
ORLANDO, FL 32817

New Mailing Address:

FEI Number: 20-3575935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., SUITE 101
TALLAHASSEE, FL 323012960 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: MGRM () Delete
Name: CRUZ, CLAUDIA S
Address: 10073 CUSTER CIR
City-St-Zip: ORLANDO, FL 32817

Title: MGRM () Delete
Name: ROSAS, RICARDO
Address: 4425 MCINTOSH PARK DR.,SUITE 406
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES:

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

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

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: CLAUDIA CRUZ

PRES

01/03/2007

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