

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117462

FILED
Jul 14, 2006
Secretary of State

Entity Name: ATLAS MEDICAL SUPPLY OF CENTRAL FLORIDA LLC

Current Principal Place of Business:

3959 SOUTH NOVA ROAD
SUITE 9
PORT ORANGE, FL 32127 US

New Principal Place of Business:

Current Mailing Address:

3959 SOUTH NOVA ROAD
SUITE 9
PORT ORANGE, FL 32127 US

New Mailing Address:

FEI Number: 20-3907948 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

BRANCH, E ROBERT
1028 N US 1
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

HETHER, JAMES E
3959 SOUTH NOVA RD.
SUITE 9
PORT ORANGE, FL 32127 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: JAMES E. HETHER

07/14/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HETHER, JAMES
Address: 3959 S NOVA RD SUITE 9
City-St-Zip: PORT ORANGE, FL 32127 US

Title: MGRM () Delete
Name: HETHER, KATHIE
Address: 3959 S NOVA RD SUITE 9
City-St-Zip: PORT ORANGE, FL 32127 US

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: JAMES E. HETHER

MGRM

07/14/2006

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