2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2009
Secretary of State

DOCUMENT# L05000117462

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)**

Name and Address of Current Registered Agent:

HETHER, JAMES E
3959 SOUTH NOVA RD.
SUITE 9
PORT ORANGE, FL 32127 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: HETHER, JAMES E
Address: 3959 S NOVA RD SUITE 9
City-St-Zip: PORT ORANGE, FL 32127 US

Title: MGRM ( ) Delete
Name: HETHER, KATHERINE E
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 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 01/24/2009

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