

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000012813

FILED
Mar 28, 2007
Secretary of State

Entity Name: COVENANT MEDICAL SUPPLY, LLC

Current Principal Place of Business:

1001 S.W. 128 TERRACE, #208
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

1001 S.W. 128 TERRACE, #208
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number: 20-4262502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, JEFFREY L
54 N.E. FOURTH AVENUE
DELRAY BEACH, FL 33483 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: SCHOOLEY, THOMAS B
Address: 1001 SW 128TH TERR.#208
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGRM () Change (X) Addition
Name: SCHOOLEY, CONSTANCE E
Address: 1001 SW 128TH TERR. #208
City-St-Zip: PEMBROKE PINES, FL 33027

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: THOMAS B SCHOOLEY

MGRM

03/28/2007

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