

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000012813

**FILED**  
**Feb 07, 2011**  
**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:** MGRM  
**Name:** SCHOOLEY, THOMAS B  
**Address:** 1001 SW 128TH TERR.#208  
**City-St-Zip:** PEMBROKE PINES, FL 33027

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

I hereby 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

02/07/2011

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