


**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90007 001 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L06000030005</b> 1. Entity Name <b>MEDICAL &amp; EQUIPMENT CONSULTANTS, LLC</b>					
Principal Place of Business <b>800 SOUTH DILLARD STREET          WINTER GARDEN, FL 34787</b>			Mailing Address <b>800 SOUTH DILLARD STREET          WINTER GARDEN, FL 34787</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<div style="display: flex; justify-content: space-between;"> <span>01102007 Chg-LLC CR2E083 (12/06)</span> <div style="text-align: right;">           Applied For  <input type="checkbox"/> Not Applicable         </div> </div>					
4. FEI Number <div style="text-align: center; font-size: 1.2em;">20-4539465</div>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>SINES, HENRY W          800 SOUTH DILLARD STREET          WINTER GARDEN, FL 34787</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____					
<b>Filing Fee is \$50.00          Due by May 1, 2007</b>		<b>Make check payable to          Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. MANAGING MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>LINDA FEWELL          6124 FOX FIELD CT.          WINDERMERE, FL 34786</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER MANAGING <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SCOTT FEWELL MEMBER          P.O. BOX 770841          WINTER GARDEN, FL 34777-0841</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.					
<b>SIGNATURE:</b> <u>Linda D. Fewell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<div style="display: flex; justify-content: space-between;"> <span>1-18-07</span> <span>407 876 5603</span> </div> <small>Date Daytime Phone</small>		