2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 24, 2007 8:00 am Secretary of State

DOCUMENT # L06000064774 1. Entity Name FAMILY MEDICAL SUPPLIES OF VOLUSIA, LLC			01-24-2007 90051 047 ***150.00				
Principal Place of Business	Mailing Address						
1152 LANDERS STREET ORMOND BEACH, FL 32174	1152 LANDERS STREET ORMOND BEACH, FL 321	174	I FROMBULDIA	A Biris d'illi o biri benin delir	2 22 01		
Principal Place of Business - No P.O. Box # Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01152007	Chg-LLC	CR2E083 (12/06)		
City & State	City & State		4. FEI Numbe	1286751	├ ─- ├	plied For t Applicable	
Zip Country	Zip	Country	5. Certificate	of Status Desired	\$5.00 Add Fee Required		
6. Name and Address of Curren	t Registered Agent	Name	7. Name and	Address of New R	egistered Agent		
JAQUISH, JOSEPH P		Name					
1152 LANDERS STREET ORMOND BEACH, FL 32174		Street Address	Street Address (P.O. Box Number is Not Acceptable)				
		City			FL Zip Code	e	
The above named entity submits this statement f the obligations of registered agent.	or the purpose of changing its re	egistered office or registe	ered agent, or bot	h, in the State of Flo	orida. I am familiar with,	and accept	
SIGNATURE Signature, lyped or printed name of registered ager	nt and title if applicable. (NOTE: I	Registered Agent signature requir	éć when reinstating)		DATE		
14.							
Filing Fee is \$50.00 Due by May 1, 2007					e check payable to a Department of State	В	
Due by May 1, 2007	ERS/MANAGERS	10.			Department of State	В	
9. MANAGING MEMB	DERS/MANAGERS	TITLE		Florida	Department of State	B Addition	
9. MANAGING MEMB TITLE MGR NAME JAQUISH, JOSEPH P STREET ADDRESS 1152 LANDERS STREET		TITLE NAME STREET ADDRESS		Florida	CHANGES		
9. MANAGING MEMB TITLE MGR JAQUISH, JOSEPH P STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32174	☐ Delete	TITLE NAME STREEY ADDRESS CITY-ST-ZIP		Florida	a Department of State /CHANGES Change	☐ Addition	
9. MANAGING MEMB TITLE MGR JAQUISH, JOSEPH P STREET ADDRESS 1152 LANDERS STREET CITY-ST-ZIP ORMOND BEACH, FL 32174 TITLE NAME		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		Florida	CHANGES		
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11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, Fluther certify that he morthald indicated on this report is true and accurate and that my signature shall have the same legal effect as it 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:

BIGHATURE AND TYPED OR PRINTED NAME OF GIGHING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Dayling Phone #