2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000089296

Name:

Entity Name: ARNOLD MEDICAL LOGISTICS, LLC

FILED Apr 02, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

707 E. CERVANTES STREET, SUITE B #311 11300 LINDBERG BOULEVARD, SUITE #103

PENSACOLA, FL 32501 FORT MYERS, FL 33913

Current Mailing Address: New Mailing Address:

707 E. CERVANTES STREET, SUITE B #311 11300 LINDBERG BOULEVARD, SUITE #103

PENSACOLA, FL 32501 FORT MYERS, FL 33913

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BORDELON & SCHULTZ LAW FIRM, P.L. KERRY ANNE SCHULTZ, ESQUIRE 2721 GULF BREEZE PARKWAY 2721 GULF BREEZE PARKWAY GULF BREEZE, FL 32563 GULF BREEZE, FL 32563

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: KERRY ANNE SCHULTZ, ESQUIRE 04/02/2008

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: (X) Change () Addition () Delete

ARNOLD, DAVID ARNOLD, DAVID Address: 707 E. CERVANTES STREET, SUITE B #311 Address: 11300 LINDBERG BOULEVARD, SUITE #103

Name:

City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: FORT MYERS, FL 33913

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: DAVID ARNOLD **MGRM** 04/02/2008