

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000114406

Entity Name: WEST COAST MEDICAL RENTALS, LLC

FILED  
Mar 21, 2008  
Secretary of State

**Current Principal Place of Business:**

220 EAST CENTRAL PARKWAY, SUITE 2020  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

220 EAST CENTRAL PARKWAY, SUITE 2020  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

FEI Number: 26-1459436

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRENNAN, MANNA & DIAMOND, P.L.  
76 SOUTH LAURA STREET, SUITE 2110  
JACKSONVILLE, FL 32202 US

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

THOMAS G S FIALA, MD  
220 EAST CENTRAL PKWY, SUITE 2020  
ALTAMONTE SPRINGS, FL 32701 US

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: THOMAS FIALA MD

03/21/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FIALA, THOMAS G  
Address: 854 LAKE MARION DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FIALA, THOMAS G MD  
Address: 854 LAKE MARION DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: THOMAS FIALA MD

MGR

03/21/2008

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