

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119536

FILED
Apr 24, 2008
Secretary of State

Entity Name: PROFESSIONAL HEALTH CARE MEDICAL EQUIPMENT LLC

Current Principal Place of Business:

FEDORA ELIPE/UBALDO MIRANDA
7547 WEST 24TH AVENUE, S-200
HIALEAH, FL

New Principal Place of Business:

FEDORA ELIPE/UBALDO MIRANDA
7547 WEST 24TH AVENUE, S-200
HIALEAH, FL 33016

Current Mailing Address:

FEDORA ELIPE/UBALDO MIRANDA
7547 WEST 24TH AVENUE, S-200
HIALEAH, FL

New Mailing Address:

FEDORA ELIPE/UBALDO MIRANDA
7547 WEST 24TH AVENUE, S-200
HIALEAH, FL 33016

FEI Number: 26-1452081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELIPE, FEDORA
7547 WEST 24TH AVENUE, S-200
HIALEAH, FL US

Name and Address of New Registered Agent:

ELIPE, FEDORA
7547 WEST 24TH AVENUE, S-200
HIALEAH, FL 33016 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: FEDORA ELIPE

04/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ELIPE, FEDORA
Address: 7547 WEST 24TH AVENUE, STE. 200
City-St-Zip: HIALEAH, FL

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FEDORA ELIPE

CEO

04/24/2008

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