

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125049

FILED
Jul 02, 2008
Secretary of State

Entity Name: T C MEDICAL SUPPLY, LLC

Current Principal Place of Business:

3041 NE JACKSONVILLE RD
OCALA, FL 34479

New Principal Place of Business:

3041 NE JACKSONVILLE RD
STE 10
OCALA, FL 34479

Current Mailing Address:

3041 NE JACKSONVILLE RD
OCALA, FL 34479

New Mailing Address:

3041 NE JACKSONVILLE RD
STE 10
OCALA, FL 34479

FEI Number: 71-1013530 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LUKASIK, GEORGE F
4745 NE 27TH CT
OCALA, FL 34479 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LUKASIK, GEORGE
Address: 3041 NE 27TH CT.
City-St-Zip: Ocala, FL 34479

Title: MGRM () Delete
Name: LUKASIK, GEORGE
Address: 3041 NE 27TH CT.
City-St-Zip: Ocala, FL 34479

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: LUKASIK, GEORGE
Address: 3041 NE 27TH CT., STE 10
City-St-Zip: Ocala, FL 34479

Title: MGRM (X) Change () Addition
Name: LUKASIK, GEORGE
Address: 3041 NE 27TH CT., STE 10
City-St-Zip: Ocala, FL 34479

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: GEORGE LUKASIK

CEO

07/02/2008

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