

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125049

FILED
Mar 25, 2009
Secretary of State

Entity Name: T C MEDICAL SUPPLY, LLC

Current Principal Place of Business:

3315 SW 13TH ST.
STE 201
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

3315 SW 13TH ST.
STE 201
OCALA, FL 34474

New Mailing Address:

FEI Number: 71-1013530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUKASIK, GEORGE F
3315 SW 13TH ST
SUITE 201
OCALA, FL 34474 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: CEO () Delete
Name: LUKASIK, GEORGE
Address: 3041 NE 27TH CT., STE 10
City-St-Zip: OCALA, FL 34479

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

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: LUKASIK, GEORGE
Address: 3315 SW 13TH ST; STE 201
City-St-Zip: OCALA, FL 34474

Title: MGRM (X) Change () Addition
Name: LUKASIK, GEORGE
Address: 3315 SW 13TH ST; STE 201
City-St-Zip: OCALA, FL 34474

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

MGR

03/25/2009

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