

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000021223

FILED
Jul 02, 2009
Secretary of State

Entity Name: WEST INTERNATIONAL MEDICAL SUPPLIES, LLC

Current Principal Place of Business:

4360 OAKES RD, STE 613-612
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

4360 OAKES RD, STE 613-612
DAVIE, FL 33314

New Mailing Address:

FEI Number: 42-1757762 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

GY CORPORATE SERVICES, INC.
2 SOUTH BISCAYNE BLVD., SUITE 3400
MIAMI, FL 33131 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: POWELL, WAIN
Address: 4360 OAKES RD, STE 613-612
City-St-Zip: DAVIE, FL 33314

Title: MGR () Delete
Name: GALLUZZO, MARK
Address: 4360 OAKES RD, STE 613-612
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES:

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

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: MARK GALLUZZO

MGR

07/02/2009

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