

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000028658

FILED
May 01, 2009
Secretary of State

Entity Name: MED TRANS MEDICAL SUPPLIES, LLC

Current Principal Place of Business:

8180 NW 36 STREET
100
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

612 SW 156 AVENUE
PEMBROKE PINES, FL 33027 US

New Mailing Address:

FEI Number: 26-2244067 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:

Name and Address of New Registered Agent:

ROBLEDO, ANTHONY
8180 NW 36 STREET
100
MIAMI, FL 33166 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: MGRM () Delete
Name: MORENO, JUAN CARLOS
Address: 912 SW 156 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: MGRM () Delete
Name: TORRES, LUIS
Address: 8225 NW 30 TERRACE
City-St-Zip: MIAMI, FL 33122 US

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: JUAN CARLOS MORENO

MGRM

05/01/2009

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