

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000101116

FILED
Feb 05, 2009
Secretary of State

Entity Name: APEX MEDICAL SUPPLIES AND EQUIPMENT, LLC

Current Principal Place of Business:

35246 U.S. 19 NORTH
#226
PALM HARBOR, FL 34684

New Principal Place of Business:

2435 US HIGHWAY 19
#130
HOLIDAY, FL 34691

Current Mailing Address:

35246 U.S. 19 NORTH
#226
PALM HARBOR, FL 34684

New Mailing Address:

2435 US HIGHWAY 19
#130
HOLIDAY, FL 34691

FEI Number: 26-3735556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WAIN, MARLENE
35246 U.S. 19 NORTH
#226
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

KOULOUVARIS, LEAH
2435 US HIGHWAY 19
#130
HOLIDAY, FL 34691 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: MARLENE WAIN

02/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KOULOUVARIS, LEAH
Address: 13617 EVELANE DRIVE
City-St-Zip: HUDSON, FL 34667

Title: MGRM () Delete
Name: WAIN, MARLENE
Address: 3913 ERNE STREET
City-St-Zip: PALM HARBOR, FL 34683

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: LEAH KOULOUVARIS

MGRM

02/05/2009

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