

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000101116

FILED
Jan 06, 2010
Secretary of State

Entity Name: APEX MEDICAL SUPPLIES AND EQUIPMENT, LLC

Current Principal Place of Business:

2435 US HIGHWAY 19
#130
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

2435 US HIGHWAY 19
#130
HOLIDAY, FL 34691

New Mailing Address:

FEI Number: 26-3735556 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KOULOUVARIS, LEAH
2435 US HIGHWAY 19
#130
HOLIDAY, FL 34691 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: MGRM
Name: KOULOUVARIS, LEAH
Address: 13617 EVELANE DRIVE
City-St-Zip: HUDSON, FL 34667

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

I hereby 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

01/06/2010

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