

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000032250

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA PT MEDICAL SUPPLY LLC

**Current Principal Place of Business:**

1319 CREPE MYRTLE LN  
PORT ORANGE, FL 32128

**New Principal Place of Business:**

5194 FENWOOD LN  
ORLANDO, FL 32814

**Current Mailing Address:**

1319 CREPE MYRTLE LN  
PORT ORANGE, FL 32128

**New Mailing Address:**

5194 FENWOOD LN  
ORLANDO, FL 32814

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LUBY, TIMOTHY  
1319 CREPE MYRTLE LN  
PORT ORANGE, FL 32128 US

**Name and Address of New Registered Agent:**

LUBY, TIMOTHY  
5194 FENWOOD LN  
ORLANDO, FL 32814 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: TIMOTHY LUBY

03/18/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LUBY, TIMOTHY J  
Address: 5194 FENWOOD LN  
City-St-Zip: ORLANDO, FL 32814

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: TIMOTHY LUBY

OWNE

03/18/2010

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