

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000040837

**Entity Name:** TLC MEDICAL SUPPLIES, LLC

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6299 W. SUNRISE BLVD. SUITE 107  
FORT LAUDERDALE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

6299 W. SUNRISE BLVD. SUITE 107  
FORT LAUDERDALE, FL 33313

**New Mailing Address:**

**FEI Number:** 65-0493936

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMPSON, SANDRA P  
6299 W. SUNRISE BLVD, STE 107  
FORT LAUDERDALE, FL 33313 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: THOMPSON, SANDRA P  
Address: 6299 W. SUNRISE BLVD. SUITE 107  
City-St-Zip: FORT LAUDERDALE, FL 33313

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: SANDRA THOMPSON

PRES

04/29/2010

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