

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000041473

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** GULF COAST MEDICAL EQUIPMENT & SUPPLIES, LLC

**Current Principal Place of Business:**

5500 N. DAVIS HWY  
SUITE 2  
PENSACOLA, FL 32503 US

**New Principal Place of Business:**

**Current Mailing Address:**

805 LADNER DRIVE  
PENSACOLA, FL 32505 US

**New Mailing Address:**

**FEI Number:** 27-0372191

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PATEL, NEELESH C  
805 LADNER DRIVE  
PENSACOLA, FL 32505 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:** PATEL, NEELESH C  
**Address:** 805 LADNER DRIVE  
**City-St-Zip:** PENSACOLA, FL 32505 US

**Title:** MGR  
**Name:** GARG, SUAMYA  
**Address:** 5553 HWY 90  
**City-St-Zip:** PACE, FL 32571 US

**Title:** MGR  
**Name:** GUPTA, SUNIL  
**Address:** 5150 N. DAVIS HWY  
**City-St-Zip:** PENSACOLA, FL 32503 US

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:** NEELESH PATEL

MGRM

04/25/2011

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