

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000045907

Entity Name: PINES MEDICAL SUPPLY, LLC

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

7504 ROOSEVELT STREET  
HOLLYWOOD, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

7504 ROOSEVELT STREET  
HOLLYWOOD, FL 33024

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

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

BUDDASINGH, TEREZA R  
7504 ROOSEVELT STREET  
HOLLYWOOD, FL 33024    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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      MGR  
Name:                      BUDDASINGH, TEREZA R  
Address:                      7504 ROOSEVELT STREET  
City-St-Zip:                      HOLLYWOOD, FL 33024

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: TEREZA BUDDASINGH                      MGR                      01/08/2010

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