

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000077014

FILED
Apr 28, 2011
Secretary of State

Entity Name: GULF COAST MEDICAL & SURGICAL SUPPLIES, LLC

Current Principal Place of Business:

317 SPRING LAKE BLVD,
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

317 SPRING LAKE BLVD,
PORT CHARLOTTE, FL 33952

New Mailing Address:

PO BOX 380338
MURDOCK, FL 33952 US

FEI Number: 27-3082844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UTSET, DIANNE
317 SPRING LAKE BLVD.
PORT CHARLOTTE, FL FL US

Name and Address of New Registered Agent:

RIVERA, LUIS
317 SPRING LAKE BLVD.
PORT CHARLOTTE, FL FL 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: LUIS RIVERA

04/28/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: RIVERA, LUIS
Address: PO BOX 380338
City-St-Zip: MURDOCK, FL 33938

Title: MGR
Name: RAVID, JOSEPH
Address: PO BOX 380338
City-St-Zip: MURDOCK, FL 33938

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: LUIS RIVERA

MGR

04/28/2011

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