

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000129345

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** MEDICAL SOURCE&EQUIPMENTS LLC

**Current Principal Place of Business:**

3665 S ORLANDO DR  
485  
SANFORD, FL 32773

**New Principal Place of Business:**

**Current Mailing Address:**

3665 S ORLANDO DR  
485  
SANFORD, FL 32773

**New Mailing Address:**

**FEI Number:** 27-4323165

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAMIREZ, ALAN  
714 ALTO PLACE  
LAKEMARY, FL 32746 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:** RAMIREZ, ALAN  
**Address:** 714 ALTO PLACE  
**City-St-Zip:** LAKEMARY, FL 32746

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:** ALAN RAMIREZ

MGR

03/30/2011

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