


2nd NOTICE:

Limited Liability Company Will Be Dissolved On Or
After October 8, 1997. If Dissolved, Minimum Amount
Due To Reinstate: \$703.75

APPROVED
AND
FILED

1997 AUG 21 AM 11: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 588.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L93000000330 ABEL MEDICAL EQUIPMENT AND SUPPLY COMPANY, L.C. 2299 OKEECHOBEE RD. FT PIERCE FL 34950
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1a. Principal Place of Business Address 2299 OKEECHOBEE RD. FT PIERCE FL 34950
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If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	09/29/1993	FL
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Date of Last Report	6. Certificate of Status Desired
		05/01/1996	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
JACKSON, KENNETH A 2299 OKEECHOBEE RD FT PIERCE FL 34950	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, etc.
	City
	Zip Code
	FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SIANO, DOMINIC	10800 S. FEDERAL HWY	PORT ST LUCIE FL
MGRM	JACKSON, KENNETH A	2299 OKEECHOBEE RD	FT PIERCE FL
			4000002277024--8 -08/26/97--01011--027 ****588.75 ****588.75
			

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: 
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #