

2nd and FINAL NOTICE: File on or before **Sept. 29, 1999** or Limited Liability Company will be dissolved.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JUL 26 PM 2:17

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company ABEL MEDICAL EQUIPMENT AND SUPPLY COMPANY L. C. 2299 OKEECHOBEE RD. FT PIERCE FL 34950	DOCUMENT # L93000000330
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1a. Principal Place of Business Address 2299 OKEECHOBEE RD. FT PIERCE FL 34950
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Organized or Qualified 09/29/1993	3a. State of Formation FL	4. FEI Number 65-0440360	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 03/23/1998			6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

7. Name and Address of Current Registered Agent JACKSON, KENNETH A 2299 OKEECHOBEE RD FT PIERCE FL 34950	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 2301 Okeechobee Rd. Suite, Apt. #, etc. City Zip Code Ft. Pierce FL 34950
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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	2301 2299 OKEECHOBEE RD	FT PIERCE FL

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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: *Dominic Siano* 7/19/99
SIGNATURE AND TYPO OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #