2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L93000000330

1. Entity Name
ABEL MEDICAL EQUIPMENT AND SUPPLY COMPANY, L.C.

Principal Place of Business	Mailing Address
2313 OKEECHOBEE RD. FT PIERCE, FL 34950	2313 OKEECHOBEE RD. FT PIERCE, FL 34950

DO NOT WRITE IN THIS SPACE

08262004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
65-0440360	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, KENNETH A
2301 OKEECHOBEE RD
FT PIERCE, FL 34950

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____
   Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by September 8, 2004

U000000171600
09/03/04-80002-022 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SIANO, DOMINIC
STREET ADDRESS	2025 MIMOSA AVE
CITY-ST-ZIP	FT PIERCE, FL 34949
TITLE	MGRM
NAME	JACKSON, KENNETH A
STREET ADDRESS	2301 OKEECHOBEE RD
CITY-ST-ZIP	FT PIERCE, FL 34950
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I 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 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.

SIGNATURE: _____ _Brian h Axler_ _8/27/04_ _772-464-3789_
   SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #