


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L93000000330 1. Entity Name ABEL MEDICAL EQUIPMENT AND SUPPLY COMPANY, L.C.	
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Principal Place of Business 2313 OKEECHOBEE RD. FT PIERCE, FL 34950	Mailing Address 2313 OKEECHOBEE RD. FT PIERCE, FL 34950
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**DO NOT WRITE IN THIS SPACE**



07292005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0440360	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

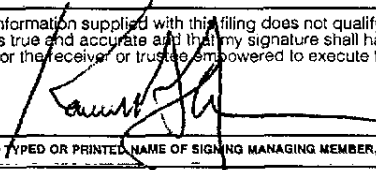
**Filing Fee is \$50.00  
Due by September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SIANO, DOMINIC 2025 MIMOSA AVE FT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JACKSON, KENNETH A 2301 OKEECHOBEE RD FT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  Kenneth Jackson 8/4/05 772-464-3284  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #