

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L93000000330

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

2313 OKEECHOBEE RD.  
FT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

2301 OKEECHOBEE RD.  
FT PIERCE, FL 34950

**New Mailing Address:**

**FEI Number:** 65-0440360

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JACKSON, KENNETH A  
2301 OKEECHOBEE RD  
FT PIERCE, FL 34950 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: MGR  
Name: JACKSON, KENNETH A  
Address: 2301 OKEECHOBEE ROAD  
City-St-Zip: FT PIERCE, FL 34950

Title: MGR  
Name: JACKSON, CHARLOTTE L  
Address: 2301 OKEECHOBEE ROAD  
City-St-Zip: FT PIERCE, FL 34950

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: KENNETH A. JACKSON

MGR

04/17/2012

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