

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005481

FILED
Apr 12, 2004
Secretary of State

Entity Name: STAR MEDICAL DISTRIBUTORS, L.L.C

Current Principal Place of Business:

2551 SW 39TH STREET #190
WESTON, FL 33312

New Principal Place of Business:

2551 SW 39TH STREET #190
HOLLYWOOD, FL 33312

Current Mailing Address:

1675 NORTH COMMERCE PARKWAY
WESTON, FL 33326

New Mailing Address:

P.O. BOX 21849
FT. LAUDERDALE, FL 33335

FEI Number: 65-0953883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUSSMAN, JAY D
1675 NORTH COMMERCE PARKWAY
WESTON, FL 33326 US

Name and Address of New Registered Agent:

GOLDMAN, DAVID
20700 W DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180 US

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: DAVID GOLDMAN

04/12/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: KUSHER, ROBERT
Address: 1675 NORTH COMMERCE PARKWAY
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT KUSHER

MGR

04/12/2004

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