2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# M03000000756

Entity Name: LIFT & TRANSFER SOLUTIONS UNLIMITED, L.L.C.

Current Principal Place of Business:

116 RAYETTE ROAD UNIT 1
CONCORD ONTARIO CANADA L4K2G,

New Principal Place of Business:

755 W. STATE ROAD 434
D
LONGWOOD, FL 32750

Current Mailing Address:

116 RAYETTE ROAD UNIT 1
CONCORD ONTARIO CANADA L4K2G,

New Mailing Address:

755 W. STATE ROAD 434
D
LONGWOOD, FL 32750

FEI Number: 98-0393532 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/MEMBERS:

Title: MGRM ( ) Delete
Name: PRISM MEDICAL USA IN, C
Address: 116 RAYETTE ROAD UNIT 1
City-St-Zip: CONCORD ONTARIO CANADA L4K2G,

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ORANGE BELT REHAB &, MOBILITY, INC.
Address: 112 E. NEW YORK AVE
City-St-Zip: DELAND, FL 32724

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 M. ROWLAND CEO 04/30/2004

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