2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007
Secretary of State

DOCUMENT# M03000002242

Entity Name: JDJ MEDICAL SUPPLIES, LLC

Current Principal Place of Business:

18851 NE 29 AVENUE
SUITE 700
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

18851 NE 29 AVENUE
SUITE 700
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 95-4810119 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, DAVID J ESQ.
21 SE 1 AVENUE, 10TH FLOOR
MIAMI, FL 33131 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: MGRM ( ) Delete
Name: RODRIGUEZ DE DIAZ, BLANCA CECILIA
Address: 18851 NE 29 AVENUE, SUITE 700
City-St-Zip: AVENTURA, FL 33180

Title: MGRM ( ) Delete
Name: MENDEZ, PATRICIA
Address: 18851 NE 29 AVENUE, SUITE 700
City-St-Zip: AVENTURA, FL 33180

Title: MGRM ( ) Delete
Name: DIAZ JARAMILLO, JORGE
Address: 18851 NE 29 AVENUE, SUITE 700
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

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

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

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 Chapter 119, 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: PATRICIA MENDEZ MGR 01/18/2007

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