2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2006
Secretary of State

DOCUMENT# M04000004364

Entity Name: SUNSHINE MEDICAL EQUIPMENT & SUPPLIES, LLC

Current Principal Place of Business:

21216 OCEAN BLVD.
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

22110 KIMBLE AVE
PORT CHARLOTTE, FL 33952

Current Mailing Address:

21216 OCEAN BLVD.
PORT CHARLOTTE, FL 33952

New Mailing Address:

POBOX 494530
PORT CHARLOTTE, FL 33949

FEI Number: 02-0728154 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

P.S, VASANTHA NAIR
22110 KIMBLE AVE
PORT CHARLOTTE, FL 33952 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: NAIR, P.S.V.
Address: P.O. BOX 495960
City-St-Zip: PORT CHARLOTTE, FL 33949

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: NAIR, P.S..VASANTHA.
Address: P.O. BOX 495960
City-St-Zip: PORT CHARLOTTE, FL 33949

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: P.S.VASANTHA NAIR MGR 03/25/2006

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