

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

02-24-2005 90109 046 ****50.00

DOCUMENT # M04000004412 1. Entity Name SOUTH POINT MEDICAL SUPPLY, LLC					
Principal Place of Business 101 SUNNYSIDE ROAD, SUITE 201 CASSELBERRY, FL 32707			Mailing Address 101 SUNNYSIDE ROAD, SUITE 201 CASSELBERRY, FL 32707		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NATIONAL CORPORATE RESEARCH, LTD., INC. 103 NORTH MERIDIAN ROAD, LOWER LEVEL TALLAHASSEE, FL 32301			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRYSTOPOWICZ, WILLIAM 5825 GLENRIDGE DRIVE, BLD. 1, SUITE 212 ATLANTA, GA 30328	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 Sunnyside Road, Suite 201 Casselberry, Florida 32707			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			1-31-05 (404) 2501916 <small>Date Daytime Phone #</small>		

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01102005 Chg-LLC CR2E083 (10/03)

4. FEI Number
APPLIED FOR 41-2160838

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required