

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000004412

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** SOUTH POINT MEDICAL SUPPLY, LLC

**Current Principal Place of Business:**

101 SUNNYTOWN ROAD  
SUITE 201  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

101 SUNNYTOWN ROAD  
SUITE 201  
CASSELBERRY, FL 32707

**New Mailing Address:**

**FEI Number:** 41-2160838

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD., INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301 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:** MGR  
**Name:** NOTERMANN, JOHN J  
**Address:** 5887 GLENRIDGE DRIVE, SUITE 150  
**City-St-Zip:** ATLANTA, GA 30328

**Title:** MGR  
**Name:** CRONQUIST, R. MARK  
**Address:** 5887 GLENRIDGE DRIVE, SUITE 150  
**City-St-Zip:** ATLANTA, GA 30328

I hereby 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:** R. MARK CRONQUIST

MGR

01/07/2010

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