

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004091

FILED  
Jan 05, 2009  
Secretary of State

**Entity Name:** HYGEIA MEDICAL EQUIPMENT, LLC

**Current Principal Place of Business:**

44 SOUTH BROADWAY  
SUITE 614  
WHITE PLAINS, NY 10601

**New Principal Place of Business:**

2 NORTH PALAFOX STREET  
PENSACOLA, FL 32502

**Current Mailing Address:**

44 SOUTH BROADWAY  
SUITE 614  
WHITE PLAINS, NY 10601

**New Mailing Address:**

2 NORTH PALAFOX STREET  
PENSACOLA, FL 32502

**FEI Number:** 52-2380028

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REBAK, P.A., JOSEPH L  
TEW CARDENAS, 1441 BRICKELL AVENUE  
15TH 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: MGR ( ) Delete  
Name: STARER, MITCHELL  
Address: 44 SOUTH BROADWAY, SUITE 614  
City-St-Zip: WHITE PLAINS, NY 10601

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: STARER, MITCHELL  
Address: 4 WEST RED OAK LANE  
City-St-Zip: WHITE PLAINS, NY 10604

I hereby certify that the information supplied with this filing does not qualify 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: MITCHELL STARER

MGR

01/05/2009

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