

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001157

FILED
Apr 04, 2008
Secretary of State

Entity Name: ANTEK HEALTHWARE, LLC

Current Principal Place of Business:

228 BUSINESS CENTER DRIVE
REISTERSTOWN, MD 21136

New Principal Place of Business:

Current Mailing Address:

228 BUSINESS CENTER DRIVE
REISTERSTOWN, MD 21136

New Mailing Address:

FEI Number: 20-3261714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REGISTERED AGENTS LEGAL SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
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: MGRM () Delete
Name: ANTEK, INC.,
Address: 228 BUSINESS CENTER DRIVE
City-St-Zip: REISTERSTOWN, MD 21136

Title: MGRM () Delete
Name: POLLACK, ANDREW A
Address: 228 BUSINESS CENTER DRIVE
City-St-Zip: REISTERSTOWN, MD 21136

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: PATEL, SHILEN
Address: 5600 MARINER ST. #227
City-St-Zip: TAMPA, FL 33609

Title: MGRM () Change (X) Addition
Name: KASOFF, JIM
Address: 228 BUSINESS CENTER DR
City-St-Zip: REISTERSTOWN, MD 21136

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: JIM KASOFF

PRES

04/04/2008

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