2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001157

Entity Name: ANTEK HEALTHWARE, LLC

228 BUSINESS CENTER DR

REISTERSTOWN, MD 21136

Address:

City-St-Zip:

FILED Feb 03, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 228 BUSINESS CENTER DRIVE REISTERSTOWN, MD 21136 **Current Mailing Address: New Mailing Address:** 228 BUSINESS CENTER DRIVE REISTERSTOWN, MD 21136 FEI Number: 20-3261714 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REGISTERED AGENTS LEGAL SERVICES, INC. 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ANTEK, INC., Name: Name: Address: 228 BUSINESS CENTER DRIVE Address: City-St-Zip: REISTERSTOWN, MD 21136 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: PATEL, SHILEN Name: Address: 5600 MARINER ST. #227 Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition KASOFF, JIM Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: JIM KASOFF PRES 02/03/2009