

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000001157

**Entity Name:** ANTEK HEALTHWARE, LLC

**FILED**  
**Jan 20, 2010**  
**Secretary of State**

**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  
Name: ANTEK, INC.  
Address: 228 BUSINESS CENTER DRIVE  
City-St-Zip: REISTERSTOWN, MD 21136

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

Title: MGRM  
Name: MILLIGAN, JAMES  
Address: 228 BUSINESS CENTER DR  
City-St-Zip: REISTERSTOWN, MD 21136

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: LAURIE REAMER

ACTG

01/20/2010

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