## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # M06000006368**

LYRIC FACILITIES MEDICAL SUPPLIES, LLC



Principal Place of Business

7150 COLUMBIA GATEWAY DRIVE, STE. J COLUMBIA, MD 21046

Mailing Address

7150 COLUMBIA GATEWAY DRIVE, STE. J COLUMBIA, MD 21046

# FILED

2007 JAN 31 PM 2: 49

SECRETARY OF STATE TALLAHASSEE.FLORIDA



01172007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-5869364 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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	. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of the obligations of registered agent.	f Florida. I am familiar with, and accept	-
SIC	GNATURE		

(NOTE Registered Agent signature required when reinstating)

#### Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FALLON, JOHN R JR. 7150 COLUMBIA GATEWAY DRIVE, STE. J COLUMBIA, MD 21046
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

443-539-2350

Daytime Phone #