

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M06000007045**

1. Entity Name  
**MEI EQUIPMENT SERVICES LLC**



Principal Place of Business  
**11772 WEST SAMPLE ROAD  
SUITE 101  
CORAL SPRINGS, FL 33065**

Mailing Address  
**11772 WEST SAMPLE ROAD  
SUITE 101  
CORAL SPRINGS, FL 33065**



01232008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4269894**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BALTZER, GORDON  
11772 WEST SAMPLE ROAD  
SUITE 101  
CORAL SPRINGS, FL 33065**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

000000830677  
02/26/08-80092-023 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
THE MEI HEALTHCARE GROUP, LLC  
11772 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

**President**

**Feb 11/08**

Date

**954-341-3302**

Daytime Phone #