

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M06000007045

1. Entity Name
MEI EQUIPMENT SERVICES LLC



FILED
Apr 02, 2007 08:00 AM
Secretary of State

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



DO NOT WRITE IN THIS SPACE

03212007 No Chg-LLC

CR2E083 (11/05)

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

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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 resigning)

DATE

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

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
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STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

RICHARD McLAUGHLIN 3/28/07 (954) 341-3302