

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000007430

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: PLATINUM MEDICAL PARTS LLC

## Current Principal Place of Business:

4100 N POWERLINE RD  
STE J2  
POMPANO BEACH, FL 33073

## New Principal Place of Business:

1027 SW 30TH AVE  
DEERFIELD BEACH, FL 33442

## Current Mailing Address:

4100 N POWERLINE RD  
STE J2  
POMPANO BEACH, FL 33073

## New Mailing Address:

1027 SW 30TH AVE  
DEERFIELD BEACH, FL 33442

FEI Number: 20-8729526

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMMONS, SCOTT  
4100 N POWERLINE RD  
STE J2  
POMPANO BEACH, FL 33073 US

## Name and Address of New Registered Agent:

SIMMONS, SCOTT  
1027 SW 30TH AVE  
DEERFIELD BEACH, FL 33442 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:

03/24/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: FALL, JEFFREY D  
Address: 117 N FIRST ST - STE 109  
City-St-Zip: ANN ARBOR, MI 48104

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: JEFFREY D. FALL

MR

03/24/2009

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