

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000003934

FILED
Jan 25, 2011
Secretary of State

Entity Name: TRIAD MEDICAL SUPPLY, LLC

Current Principal Place of Business:

661 HIGHWAY 51 NORTH, STE. 1A
RIDGELAND, MS 39157

New Principal Place of Business:

Current Mailing Address:

661 HIGHWAY 51 NORTH, STE. 1A
RIDGELAND, MS 39157

New Mailing Address:

FEI Number: 20-2766356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: OWEN, STEVEN L
Address: 661 HIGHWAY 51 NORTH, STE. 1A
City-St-Zip: RIDGELAND, MS 39157

Title: MGRM
Name: THIBODEAUX, LAURA D
Address: 661 HIGHWAY 51 NORTH, STE. 1A
City-St-Zip: RIDGELAND, MS 39157

Title: MGRM
Name: FOSTER, JODY W
Address: 661 HIGHWAY 51 NORTH, STE. 1A
City-St-Zip: RIDGELAND, MS 39157

Title: MGRM
Name: KAISER, CLEMENTS J
Address: 661 HIGHWAY 51 NORTH, STE. 1A
City-St-Zip: RIDGELAND, MS 39157

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: STEVEN L. OWEN

MGRM

01/25/2011

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