2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# M99000000511

Entity Name: FLORIDA MEDICAL EQUIPMENT SERVICES, L.L.C.

Current Principal Place of Business:

9770 16TH STREET NORTH
ST. PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

9770 16TH STREET NORTH
ST. PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 58-2455550 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MILLER, ROB P
9770 16TH STREET NORTH
ST. PETERSBURG, FL 33716 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	LENNON, ROBERT W	
Address:	4071 PARAN POINTE DRIVE	
City-St-Zip:	ATLANTA, GA 30327	
Title:	MGR	( ) Delete
Name:	MILLER, ROB P	
Address:	9770 16TH STREET NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33716	
Title:	MGR	( ) Delete
Name:	KASPER, KIM A	
Address:	9770 16TH STREET NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33716	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROB P. MILLER MGR 01/04/2005

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