


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90033 010 ****50.00

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DOCUMENT # L02000017263			
1. Entity Name MAIL ORDER MEDS OF FLORIDA, LLC			
Principal Place of Business 4500 BISCAYNE BLVD. SUITE # 104 MIAMI, FL 33137		Mailing Address 4500 BISCAYNE BLVD. SUITE # 104 MIAMI, FL 33137	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address C/O ALLION HEALTHCARE, INC	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1660 WALT WHITMAN RD #105	
City & State		City & State MELVILLE NY	
Zip	Country	Zip	Country
11747		11747	SUFFOLK
4. FEI Number 04-3702637		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FILINGS, INC. 3732 NORTHWEST 16TH STREET FORT LAUDERDALE, FL 33311		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLION HEALTHCARE, INC. <input type="checkbox"/> Delete 1660 WALT WHITMAN RD SUITE 105 MELVILLE, NY 11747	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORAN, MICHAEL P <input type="checkbox"/> Delete 1660 WALT WHITMAN RD SUITE 105 MELVILLE, NY 11747	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>James G. [Signature]</i>		Date: 7/6/07 (651) 870-5126	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	