

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**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  
**C/O ALLION HEALTHCARE, INC.  
 1660 WALT WHITMAN RD #105  
 MELVILLE, NY 11747**



01162008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>04-3702637</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**FILINGS, INC.  
 3732 NORTHWEST 16TH STREET  
 FORT LAUDERDALE, FL 33311**

**DO NOT WRITE 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 reinstating) DATE

**FILE NOW!!! FEE IS \$138.75  
 After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLION HEALTHCARE, INC. 1660 WALT WHITMAN RD SUITE 105 MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORAN, MICHAEL P 1660 WALT WHITMAN RD SUITE 105 MELVILLE, NY 11747
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 02/01/08-80054-002-138.75

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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:** *Michael P Moran* **Date** 1/18/08 **Daytime Phone #** (631) 870-5167  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE