

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000017263

FILED
Oct 28, 2009
Secretary of State

Entity Name: MAIL ORDER MEDS OF FLORIDA, LLC

Current Principal Place of Business:

4500 BISCAYNE BLVD.
SUITE # 104
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 04-3702637 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ROBERTS, PAMELA
4500 BISCAYNE BLVD
MIAMI, FL 33137 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: PAMELA ROBERTS

10/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALLION HEALTHCARE, INC.
Address: 1660 WALT WHITMAN RD SUITE 105
City-St-Zip: MELVILLE, NY 11747 US

Title: MGRM () Delete
Name: MORAN, MICHAEL P
Address: 1660 WALT WHITMAN RD SUITE 105
City-St-Zip: MELVILLE, NY 11747 US

Title: () Delete
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Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STEPANUK, KEVIN D
Address: 1660 WALT WHITMAN RD SUITE 105
City-St-Zip: MELVILLE, NY 11747 US

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

Title: MGRM () Change (X) Addition
Name: BESECKER, FLINT D
Address: 1660 WALT WHITMAN RD SUITE 105
City-St-Zip: MELVILLE, NY 11747 US

Title: MGRM () Change (X) Addition
Name: CARPENTER, GARY P
Address: 1660 WALT WHITMAN RD SUITE 105
City-St-Zip: MELVILLE, NY 11747 US

Title: MGRM () Change (X) Addition
Name: DERR, WILLIAM T
Address: 1660 WALT WHITMAN RD SUITE 105
City-St-Zip: MELVILLE, NY 11747 US

Title: MGRM () Change (X) Addition
Name: MILLER, WILLIAM R
Address: 1660 WALT WHITMAN RD SUITE 105
City-St-Zip: MELVILLE, NY 11747 US

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: MICHAEL P. MORAN

MGRM

10/28/2009

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