

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017263

FILED  
Feb 17, 2010  
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 (X)**

**Name and Address of Current Registered Agent:**

ROBERTS, PAMELA  
4500 BISCAYNE BLVD  
MIAMI, FL 33137 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: STEPANUK, KEVIN D  
Address: 1660 WALT WHITMAN RD SUITE 105  
City-St-Zip: MELVILLE, NY 11747 US

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

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

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

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

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

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: MICHAEL E MORAN

MGRM

02/17/2010

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