

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000017263

FILED  
May 01, 2003  
Secretary of State

Entity Name: MAIL ORDER MEDS OF FLORIDA, LLC

**Current Principal Place of Business:**

ONE SOUTHEAST THIRD AVE., SUITE 1940  
MIAMI, FL 33131

**New Principal Place of Business:**

4500 BISCAYNE BLVD.  
SUITE # 104  
MIAMI, FL 33137

**Current Mailing Address:**

ONE SOUTHEAST THIRD AVE., SUITE 1940  
MIAMI, FL 33131

**New Mailing Address:**

4500 BISCAYNE BLVD.  
SUITE # 104  
MIAMI, FL 33137

FEI Number: 04-3702637

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**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:**

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: ALLION HEALTHCARE, I, NC. (A DEL. CO R P.)  
Address: ONE SOUTHEAST THIRD AVE., SUITE 1940  
City-St-Zip: MIAMI, FL 33131

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ALLION HEALTHCARE, I, NC. (A DEL. CO R P.)  
Address: 4500 BISCAYNE BLVD, SUITE 104  
City-St-Zip: MIAMI, FL 33137 US

Title: MGRM ( ) Change (X) Addition  
Name: MORAN, MICHAEL P  
Address: 4500 BISCAYNE BLVD, SUITE 104  
City-St-Zip: MIAMI, FL 33137 US

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: MICHAEL P. MORAN

MGRM

05/01/2003

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