2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2017
Secretary of State
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Entity Name: ADVENTURA SICKROOM SUPPLY, INC.

Current Principal Place of Business:

C/O LISA LEHMAN
136 S. FEDERAL HWY
HALLANDALE, FL 33009

Current Mailing Address:

136 S FEDERAL HWY
HALLANDALE, FL 33009 US

FEI Number: 59-2419358

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEHMAN, LISA
136 S FEDERAL HWY
HALLANDALE, FL 33009 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PD	Title	VP
Name	LEHMAN, LISA	Name	HATCHER, DIANE
Address	136 S FEDERAL HWY	Address	136 S FEDERAL HWY
City-State-Zip:	HALLANDALE FL 33009	City-State-Zip:	HALLANDALE FL 33009

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DIANE HATCHER VP 01/10/2017

Electronic Signature of Signing Officer/Director Detail — Date