

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000077642

**Entity Name:** VETERANS HEALTHCARE SUPPLY SOLUTIONS, INC.

**Current Principal Place of Business:**

13949 ALVAREZ ROAD  
SUITE 300  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

13949 ALVAREZ ROAD  
SUITE 300  
JACKSONVILLE, FL 32218 US

**FEI Number:** 27-3260119

**Certificate of Status Desired:** No

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

SKURA, GARY M  
13949 ALVAREZ ROAD  
SUITE 300  
JACKSONVILLE, FL 32218 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 P  
Name SKURA, GARY M  
Address 13949 ALVAREZ ROAD, SUITE 300  
City-State-Zip: JACKSONVILLE FL 32218

*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:** GARY SKURA

P

04/11/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date