

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000009680

**Entity Name:** PLUS MEDICAL, LLC

**Current Principal Place of Business:**

9070 KIMBERLY BLVD., #25  
BOCA RATON, FL 33434

**Current Mailing Address:**

9070 KIMBERLY BLVD., #25  
BOCA RATON, FL 33434 US

**FEI Number:** 27-0051191

**Certificate of Status Desired:** No

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

ULLMAN, GREGORY N  
KIN-CARE MEDICAL SUPPLIES  
9070 KIMBERLY BLVD #25  
BOCA RATON, FL 33434 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

**Authorized Person(s) Detail :**

Title MGRM  
Name ULLMAN, GREGORY N  
Address 9070 KIMBERLY BLVD., #25  
City-State-Zip: BOCA RATON FL 33434

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GREGORY ULLMAN

**MANAGING MEMBER**

**04/11/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date