

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000041685

**Entity Name:** UNITED MEDICAL TRADE COMPANY, LLC

**Current Principal Place of Business:**

19900 NORTH EAST 15TH COURT  
MIAMI, FL 33179

**Current Mailing Address:**

19900 NORTH EAST 15TH COURT  
MIAMI, FL 33179 US

**FEI Number:** 20-0345306

**Certificate of Status Desired:** No

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

COLEMAN, ANTHONY GJR.  
4171 W. HILLSBORO BLVD., # 8  
COCONUT CREEK, FL 33073 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 FRANK, DAVID P  
Address 19900 N.E. 15TH COURT  
City-State-Zip: MIAMI FL 33179

*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:** DAVID P FRANK

MGRM

03/31/2014

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

\_\_\_\_\_  
Date