

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000062245

Entity Name: EMIAMERICA MEDICAL EQUIPMENT LLC.

Current Principal Place of Business:

5643 NW 74 AVE
DORAL, FL 33166

Current Mailing Address:

5643 NW 74 AVENUE
DORAL, FL 33166

FEI Number: 41-2180082

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VILLEGAS, JAIME A
5643 NW 74 AVENUE
DORAL, FL 33166 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 MGR
Name VILLEGAS, JAIME
Address 5643 NW 74 AVENUE
City-State-Zip: DORAL FL 33166

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: JAIME VILLEGAS

MGR

04/02/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date