

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000052833

Entity Name: ICON MEDICAL SUPPLIES U.S.A. LLC

Current Principal Place of Business:

782 N.W. LE JEUNE RD.,
SUITE 205
MIAMI, FL 33126

Current Mailing Address:

782 N.W. LE JEUNE RD.,
SUITE 205
MIAMI, FL 33126 US

FEI Number: 45-5153516

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLEITAS, ROBERTO FJR
782 N.W. LE JEUNE RD.,
530
MIAMI, FL 33126 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 KASABDJI, FERNANDO
Address 782 N.W. LE JEUNE RD., SUITE 4
City-State-Zip: MIAMI FL 33126

Title MANAGER
Name VALDIVIA, ADA
Address 782 N.W. LE JEUNE RD.,
SUITE 205
City-State-Zip: MIAMI FL 33126

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: FERNANDO KASABDJI

MGR

04/23/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date