

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000094508

Entity Name: DISCOUNT MEDICAL EQUIPMENT SUPPLY, LLC

Current Principal Place of Business:

13 STARLIGHT DR
ORMOND BEACH, FL 32176

Current Mailing Address:

13 STARLIGHT DR
ORMOND BEACH, FL 32176

FEI Number: 46-2986606

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZMYJ, HENRY
13 STARLIGHT DR
ORMOND BEACH, FL 32176 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	Title	MGR
Name	ZMYJ, HENRY	Name	DRAGO, MIKE
Address	13 STARLIGHT DR	Address	2382 SUTTON PL
City-State-Zip:	ORMOND BEACH FL 32176	City-State-Zip:	SPRINGHILL FL 34608

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: HENRY ZMYJ

MANAGER

04/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date