

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000018352

Entity Name: MEDICAL TOWN SUPPLY, LLC.

Current Principal Place of Business:

8883 NW 167TH STREET
MIAMI LAKES, FL 33018

Current Mailing Address:

8883 NW 167TH STREET
MIAMI LAKES, FL 33018 US

FEI Number: 46-4749255

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VIERA, JORGE L
8883 NW 167TH STREET
MIAMI LAKES, FL 33018 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	AMBR	Title	MGR
Name	VIERA, JORGE L	Name	VIERA, CARMEN M
Address	8883 NW 167TH STREET	Address	8883 NW 167TH STREET
City-State-Zip:	MIAMI LAKES FL 33018	City-State-Zip:	MIAMI LAKES FL 33018

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: JORGE L VIERA

PRESIDENT

04/28/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date