2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2017
Secretary of State
CC4330535767

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Entity Name: INTENSIVE CARE PRODUCTS, LLC.

Current Principal Place of Business:

5271 SW 29TH STREET
DAVIE, FL 33314

Current Mailing Address:

5271 SW 29TH STREET
DAVIE, FL 33314 US

FEI Number: 47-3240259

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PERAFAN, JORGE A
5271 SW 29TH STREET
DAVIE, FL 33314 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	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED MEMBER
Name	PERAFAN, JORGE A	Name	PERTICAROLI, RODOLFO P
Address	5271 SW 29TH STREET	Address	5271 SW 29TH STREET
City-State-Zip:	DAVIE FL 33314	City-State-Zip:	DAVIE FL 33314
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	LEVI, CAROLINA N	Name	LEVI, PABLO DAVID
Address	5271 SW 29TH STREET	Address	5271 SW 29TH STREET
City-State-Zip:	DAVIE FL 33314	City-State-Zip:	DAVIE FL 33314

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 A PERAFAN — AUTHORIZED REPRESENTATIVE — 03/13/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date