

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000134708

**Entity Name:** UNITED STATES MEDICAL SUPPLY, LLC

**Current Principal Place of Business:**

8260 NW 27TH STREET  
SUITE 401  
DORAL, FL 33122

**Current Mailing Address:**

8260 NW 27TH STREET  
SUITE 401  
DORAL, FL 33122 US

**FEI Number:** 65-0670195

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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           MANAGER  
Name           BOBB, CLYDALL  
Address       8260 NW 27TH STREET  
                  SUITE 401  
City-State-Zip: DORAL FL 33122

Title           MANAGER  
Name           MONAST, WILLIAM  
Address       8260 NW 27TH STREET  
                  SUITE 401  
City-State-Zip: DORAL FL 33122

*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:** CLYDALL BOBB

**MANAGER**

**01/07/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date