

2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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 MGR
Name CASILLAS, PATRICIO
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: PATRICIO CASILLAS

MANAGER

10/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date