

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000134708

Entity Name: UNITED STATES MEDICAL SUPPLY, LLC

Current Principal Place of Business:

8280 NW 27TH STREET SUITE 503
DORAL, FL 33122

Current Mailing Address:

8280 NW 27TH STREET SUITE 403
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	Title	MGR/CE, PRESIDENT
Name	CASILLAS, PATRICIO	Name	FOREMAN, STEPHEN
Address	8260 NW 27TH ST #403 ATTN LICENSE DEPT	Address	8280 NW 27TH STREET SUITE 503
City-State-Zip:	DORAL FL 33122	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: STEPHEN FOREMAN

AUTHORIZED PERSON

04/11/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date