

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000134708

Entity Name: UNITED STATES MEDICAL SUPPLY, LLC

Current Principal Place of Business:

8260 NW 27TH ST #401
MIAMI, FL 33122

Current Mailing Address:

8260 NW 27TH ST #401
MIAMI, FL 33122 US

FEI Number:

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SCHIFFMAN, ZACHARY
8260 NW 27TH ST #401
MIAMI, FL 33122 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
Name SCHIFFMAN, ZACHARY
Address 8260 NW 27TH ST #401
City-State-Zip: MIAMI 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: ZACHARY SCHIFFMAN

CEO/ MANAGER

02/18/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date