

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000159406

**Entity Name:** 1ST CHOICE MEDICAL SUPPLY, LLC

**Current Principal Place of Business:**

38567 U.S. HWY. 19 NORTH  
PALM HARBOR, FL 34684

**Current Mailing Address:**

236 MAPLE AVE  
PALM HARBOR, FL 34684 US

**FEI Number:** 47-5092950

**Certificate of Status Desired:** No

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

TREGILLUS, ANTHONY M  
236 MAPLE AVE.  
PALM HARBOR, FL 34684 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 TREGILLUS, ANTHONY M  
Address 38579 U.S. HWY. 19 NORTH  
City-State-Zip: PALM HARBOR FL 34684

*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:** ANTHONY TREGILLUS

MGR

04/06/2016

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

\_\_\_\_\_  
Date