

2017 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

04/11/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date