

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000192639

**Entity Name:** DRAGON MEDICAL SUPPLY LLC

**Current Principal Place of Business:**

921 SW 71 AVE UNIT A  
MIAMI, FL 33144

**Current Mailing Address:**

P.O.BOX 44-1249  
MIAMI, FL 33144 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

ESCALANTE BAUTISTA, DIOSOMINA  
921 SW 71 AVE UNIT A  
MIAMI, FL 33144 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:** ESCALANTE BAUTISTA , DIOSOMINA

04/29/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ESCALANTE, DIOSOMINA  
Address 921 SW 71 AVE UNIT A  
City-State-Zip: MIAMI FL 33144

Title S  
Name ESCALANTE, DIOSOMINA  
Address 921 SW 71 AVE UNIT A  
City-State-Zip: MIAMI FL 33144

Title MGR  
Name COVARRUBIA, IBIS  
Address 921 SW 71 AVE UNIT A  
City-State-Zip: MIAMI FL 33144

Title T  
Name COVARRUBIA, IBIS  
Address 921 SW 71 AVE UNIT A  
City-State-Zip: MIAMI FL 33144

*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:** DIOSOMINA ESCALANTE

MGR

04/29/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date