

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000157412

**Entity Name:** ASTON MEDICAL DISTRIBUTION LLC

**Current Principal Place of Business:**

50 EAST OCEAN BLVD SUITE 205A  
STUART, FL 34994

**Current Mailing Address:**

12796 NW MARINER COURT  
PALM CITY, FL 34990

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

DENISCO, CHRISTOPHER R  
12796 NW MARINER COURT  
PALM CITY, FL 34990 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 DENISCO, CHRISTOPHER  
Address 12796 NW MARINER COURT  
City-State-Zip: PALM CITY FL 34990

Title AMBR  
Name GAMPERL, ELISABETH  
Address 1432 VENETIA AVENUE  
City-State-Zip: CORAL GABELS FL 33134

Title AMBR  
Name KONDEK, DIETER  
Address 3510 KRAFT ROAD SUITE 200  
City-State-Zip: NAPLES FL 34105

*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:** CHRISTOPHER R. DENISCO

MGR

04/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date