

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000194467

Entity Name: MEDTOPIA MEDICAL DISTRIBUTOR LLC

Current Principal Place of Business:

406 NW 68 AVE
#304
PLANTATION, FL 33317

Current Mailing Address:

406 NW 68 AVE
#304
PLANTATION, FL 33317

FEI Number: 81-4216351

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCELTA, VINCENT
406 NW 68 AVE
#304
PLANTATION, FL 33317 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 SCELTA, VINCENT
Address 406 NW 68 AVE #304
City-State-Zip: PLANTATION FL 33317

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: VINCENT SCELTA

MANAGER

03/03/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date