

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000047705

**Entity Name:** PRIMARY CHOICE MEDICAL SUPPLIES LLC

**Current Principal Place of Business:**

331 W. CENTRAL AVE  
242  
WINTER HAVEN, FL 33880

**Current Mailing Address:**

10216 NW 50TH STREET  
DAVIE, FL 33351 US

**FEI Number:** 82-0681883

**Certificate of Status Desired:** Yes

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

CAMUS, SHANE P  
10216 NW 50TH STREET  
DAVIE, FL 33351 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 CAMUS, SHANE P  
Address 6821 FALCONSGATE AVE  
City-State-Zip: DAVIE FL 33331

*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:** SHANE P. CAMUS

**MANAGER**

**04/25/2018**

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

\_\_\_\_\_  
Date