

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000179034

**Entity Name:** FLORIDA HOME MEDICAL SUPPLY, LLC

**Current Principal Place of Business:**

220 W. GERMANTOWN PIKE SUITE 250  
PLYMOUTH MEETING, PA 19462

**Current Mailing Address:**

220 W. GERMANTOWN PIKE SUITE 250  
PLYMOUTH MEETING, PA 19462 US

**FEI Number:** 59-2196558

**Certificate of Status Desired:** No

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

UNITED CORPORATE SERVICES, INC.  
3458 LAKESHORE DRIVE  
TALLAHASSEE , FL 32312 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            PRESIDENT  
Name            GRIGGS, STEPHEN  
Address        220 W. GERMANTOWN PIKE SUITE  
                  250  
City-State-Zip: PLYMOUTH MEETING PA 19462

Title            VP  
Name            JOYCE, CHRIS  
Address        220 W GERMANTOWN PIKE, STE 250  
City-State-Zip: PLYMOUTH MEETIN PA 19462

Title            TREASURER  
Name            CLEMENS, JASON  
Address        220 W. GERMANTOWN PIKE SUITE  
                  250  
City-State-Zip: PLYMOUTH MEETING PA 19462

*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:** CHRIS JOYCE

VP

03/16/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date