

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000203934

Entity Name: BROWARD MEDICAL SUPPLY LLC

Current Principal Place of Business:

29 NORTH FEDERAL HIGHWAY
UNIT B
HALLANDALE BEACH, FL 33009

Current Mailing Address:

29 NORTH FEDERAL HIGHWAY
UNIT B
HALLANDALE BEACH, FL 33009 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JASON B. GILLER, P.A.
1111 BRICKELL AVENUE
SUITE 1550
MIAMI, FL 33131 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 AMBR
Name GERSHGORIN, OREN
Address 29 NORTH FEDERAL HIGHWAY
UNIT B
City-State-Zip: HALLANDALE BEACH FL 33009

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: OREN GERSHGORIN

04/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date