

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000301027

**Entity Name:** ARISE DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS AND SUPPLIES, LLC

**FILED**  
**May 02, 2023**  
**Secretary of State**  
**6574279669CC**

**Current Principal Place of Business:**

3275 W HILLSBORO BLVD  
200  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

3275 W HILLSBORO BLVD  
200  
DEERFIELD BEACH, FL 33442

**FEI Number: 85-1343659**

**Certificate of Status Desired: Yes**

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

BROWN, TREPHENE  
3275 W HILLSBORO BLVD  
200  
DEERFIELD BEACH, FL 33442 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 BROWN, TREPHENE  
Address 3275 W HILLSBORO BLVD, # 200  
City-State-Zip: DEERFIELD BEACH FL 33442

Title MGR  
Name STONE, ELIZABETH  
Address 3275 W HILLSBORO BLVD, # 200  
City-State-Zip: DEERFIELD BEACH FL 33442

*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: ELIZABETH STONE**

**MANAGER**

**05/02/2023**

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

\_\_\_\_\_  
Date