

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000232040

**Entity Name:** #1 MEDICAL EQUIPMENT & SUPPLY, LLC

**Current Principal Place of Business:**

811 SE 8TH AVENUE  
SUITE 104  
DEERFIELD BEACH, FL 33441

**Current Mailing Address:**

811 SE 8TH AVENUE  
SUITE 104  
DEERFIELD BEACH, FL 33441 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

LORIUM PLLC  
197 SOUTH FEDERAL HIGHWAY, SUITE 200  
BOCA RATON, FL 33432 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 BRETT FELDMAN  
Address 811 SE 8TH AVENUE, SUITE 104  
City-State-Zip: DEERFIELD BEACH FL 33441

*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:** BRETT FELDMAN

MGR

04/06/2023

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

\_\_\_\_\_  
Date