

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004412

Entity Name: SOUTH POINT MEDICAL SUPPLY, LLC

Current Principal Place of Business:

101 SUNNYTOWN ROAD
SUITE 201
CASSELBERRY, FL 32707

Current Mailing Address:

5887 GLENRIDGE DRIVE
SUITE 150
ATLANTA, GA 30328 US

FEI Number: 41-2160838

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH,LTD.,INC.
115 NORTH CALHOUN ST.
SUITE 4
TALLAHASSEE, FL 32301 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 MANAGER
Name NOTERMANN, JOHN J
Address 101 SUNNYTOWN ROAD
 SUITE 201
City-State-Zip: CASSELBERRY FL 32707

Title MANAGER
Name CRONQUIST, R. MARK
Address 101 SUNNYTOWN ROAD
 SUITE 201
City-State-Zip: CASSELBERRY FL 32707

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: R. MARK CRONQUIST

MANAGER

04/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date