## 2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000000460

Entity Name: FIRST CHOICE MEDICAL SUPPLY, LLC

**Current Principal Place of Business:** 

2155-1 NORTH ELLIS ROAD JACKSONVILLE. FL 32254

## **Current Mailing Address:**

127 INSTERSTATE DRIVE RICHLAND, MS 39218

FEI Number: 48-1262424 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS INC 155 OFFICE PLAZA DR STE A 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

FILED Jan 15, 2014

**Secretary of State** 

CC4901731405

## **Authorized Person(s) Detail:**

Title MGR

Name EDWARDS, GUY

Address 127 INTERSTATE DRIVE City-State-Zip: RICHLAND MS 39218

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.