

**2015 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 INTERSTATE 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

**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.*

**SIGNATURE:** GUY EDWARDS

**CHAIRMAN**

**01/09/2015**

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

\_\_\_\_\_  
Date