

2017 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:

PO BOX 22769
JACKSON, MS 39225 US

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 VP OF FINANCE
Name HOLT, STACEY LEE
Address PO BOX 22769
City-State-Zip: JACKSON MS 39225

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: STACEY L HOLT

VP OF FINANCE

02/16/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date