

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000000460

Entity Name: FIRST CHOICE MEDICAL SUPPLY, LLC

Current Principal Place of Business:

800 TECHNOLOGY CENTER DRIVE
STOUGHTON, MA 02072

Current Mailing Address:

6535 N. STATE HIGHWAY161
IRVING, TX 75039 US

FEI Number: 48-1262424

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
#221E
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 AUTHORIZED MEMBER
Name FIRST CHOICE MEDICAL SUPPLY
HOLDING, LLC
Address 800 TECHNOLOGY CENTER DRIVE
City-State-Zip: STOUGHTON MA 02072

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: CAROL T. LANGFORD

ASSISTANT SECRETARY 04/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date