

**2017 FOREIGN LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M15000004237

**Entity Name:** AM MEDICAL SUPPLIES LLC

**Current Principal Place of Business:**

25 SE 2ND AVENUE  
SUITE 527  
MIAMI, FL 33131

**Current Mailing Address:**

25 SE 2ND AVENUE  
SUITE 527  
MIAMI, FL 33131 US

**FEI Number:** 47-3076525

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FRANKEL, SOFIA  
25 SE 2ND AVENUE  
SUITE 527  
MIAMI, FL 33131 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:** SOFIA FRANKEL

01/03/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title O  
Name FRANKEL, SOFIA  
Address 25 SE 2ND AVENUE  
SUITE 527  
City-State-Zip: MIAMI FL 33131

*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:** SOFIA FRANKEL

O

01/03/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date