

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000009165

**Entity Name:** DMEHUB LLC

**Current Principal Place of Business:**

26220 ENTERPRISE COURT  
LAKE FOREST, CA 92630

**Current Mailing Address:**

26220 ENTERPRISE COURT  
LAKE FOREST, CA 92630 US

**FEI Number:** 81-2958538

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            CEO  
Name            STARCK, DANIEL J  
Address        26220 ENTERPRISE COURT  
City-State-Zip: LAKE FOREST CA 92630

Title            CFO  
Name            MORRIS, DEBRA L  
Address        26220 ENTERPRISE COURT  
City-State-Zip: LAKE FOREST CA 92630

Title            EVP, GC, SECRETARY  
Name            SMYTH, RAOUL  
Address        26220 ENTERPRISE COURT  
City-State-Zip: LAKE FOREST CA 92630

Title            AUTHORIZED MEMBER  
Name            APRIA HEALTHCARE GROUP INC.  
Address        26220 ENTERPRISE COURT  
City-State-Zip: LAKE FOREST CA 92630

*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:** RAOUL SMYTH

**EVP, GC, SECRETARY**

**04/16/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date