

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000002919

Entity Name: DMESCRIPTS LLC

Current Principal Place of Business:

7353 COMPANY DR
INDIANAPOLIS, IN 46237

Current Mailing Address:

7353 COMPANY DR
INDIANAPOLIS, IN 46237

FEI Number: 87-2057745

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 S PINE ISLAND RD
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 MBR
Name AMERICAN ASSOCIATION FOR
HOMECARE
Address 241 18 ST S STE 500
City-State-Zip: ARLINGTON VA 22202

Title MBR
Name ROTECH HEALTHCARE INC.
Address 3600 VINELAND ROACH STE 114
City-State-Zip: WATERLOO IA 50704

Title MBR
Name LINCARE INC.
Address 19387 US 19 N
City-State-Zip: CLEARWATER FL 33764

Title MBR
Name ADAPTHEALTH LLC
Address 220 W GERMANTOWN PIKE
City-State-Zip: PLYMOUTH MEETING PA 19460

Title MBR
Name APRIA HEALTHCARE GROUP LLC
Address 7353 COMPANY DR
City-State-Zip: INDIANAPOLIS IN 46237

Title MBR
Name VGM GROUP, INC.
Address 1111 W SAN MARNAN DR
City-State-Zip: WATERLOO IA 50704

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: FRANK SCHOOLS

CFO

02/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date