2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000017263

1. Entity Name
MAIL ORDER MEDS OF FLORIDA, LLC

Principal Place of Business	Mailing Address
4500 BISCAYNE BLVD. SUITE # 104 MIAMI, FL 33137	C/O ALLION HEALTHCARE, INC. 1660 WALT WHITMAN RD #105 MELVILLE, NY 11747

01162008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3702637
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 NORTHWEST 16TH STREET
FORT LAUDERDALE, FL 33311

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ALLION HEALTHCARE, INC.
STREET ADDRESS	1660 WALT WHITMAN RD SUITE 105
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	MGRM
NAME	MORAN, MICHAEL P
STREET ADDRESS	1660 WALT WHITMAN RD SUITE 105
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000802301
02/01/08-80054-002 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____ 1/18/08 (631)870-5167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #