

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017263

FILED
Feb 17, 2010
Secretary of State

Entity Name: MAIL ORDER MEDS OF FLORIDA, LLC

Current Principal Place of Business:

4500 BISCAYNE BLVD.
SUITE # 104
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

C/O ALLION HEALTHCARE, INC.
1660 WALT WHITMAN RD #105
MELVILLE, NY 11747

New Mailing Address:

FEI Number: 04-3702637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBERTS, PAMELA
4500 BISCAYNE BLVD
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: STEPANUK, KEVIN D
Address: 1660 WALT WHITMAN RD SUITE 105
City-St-Zip: MELVILLE, NY 11747 US

Title: MGRM
Name: MORAN, MICHAEL P
Address: 1660 WALT WHITMAN RD SUITE 105
City-St-Zip: MELVILLE, NY 11747 US

Title: MGRM
Name: BESECKER, FLINT D
Address: 1660 WALT WHITMAN RD SUITE 105
City-St-Zip: MELVILLE, NY 11747 US

Title: MGRM
Name: CARPENTER, GARY P
Address: 1660 WALT WHITMAN RD SUITE 105
City-St-Zip: MELVILLE, NY 11747 US

Title: MGRM
Name: DERR, WILLIAM T
Address: 1660 WALT WHITMAN RD SUITE 105
City-St-Zip: MELVILLE, NY 11747 US

Title: MGRM
Name: MILLER, WILLIAM R
Address: 1660 WALT WHITMAN RD SUITE 105
City-St-Zip: MELVILLE, NY 11747 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MICHAEL E MORAN

MGRM

02/17/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date