

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000017263

FILED
May 01, 2003
Secretary of State

Entity Name: MAIL ORDER MEDS OF FLORIDA, LLC

Current Principal Place of Business:

ONE SOUTHEAST THIRD AVE., SUITE 1940
MIAMI, FL 33131

New Principal Place of Business:

4500 BISCAYNE BLVD.
SUITE # 104
MIAMI, FL 33137

Current Mailing Address:

ONE SOUTHEAST THIRD AVE., SUITE 1940
MIAMI, FL 33131

New Mailing Address:

4500 BISCAYNE BLVD.
SUITE # 104
MIAMI, FL 33137

FEI Number: 04-3702637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Title: MGRM () Delete
Name: ALLION HEALTHCARE, I, NC. (A DEL. CO R P.)
Address: ONE SOUTHEAST THIRD AVE., SUITE 1940
City-St-Zip: MIAMI, FL 33131

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALLION HEALTHCARE, I, NC. (A DEL. CO R P.)
Address: 4500 BISCAYNE BLVD, SUITE 104
City-St-Zip: MIAMI, FL 33137 US

Title: MGRM () Change (X) Addition
Name: MORAN, MICHAEL P
Address: 4500 BISCAYNE BLVD, SUITE 104
City-St-Zip: MIAMI, FL 33137 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 P. MORAN

MGRM

05/01/2003

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