

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90057 010 ****50.00

DOCUMENT # L03000003158

1. Entity Name

NATION MEDICAL SUPPLY, LLC



Principal Place of Business

7301A WEST PALMETTO PARK RD., STE. 10
BOCA RATON FL 33433

Mailing Address

7301A WEST PALMETTO PARK RD., STE. 10
BOCA RATON FL 33433

2. Principal Place of Business

7700 CONGRESS AVE.

Suite, Apt. #, etc.

SUITE 3108

City & State

BOCA RATON, FL

Zip
33487

Country
USA

3. Mailing Address

7700 CONGRESS AVE.

Suite, Apt. #, etc.

SUITE 3108

City & State

BOCA RATON, FL

Zip
33487

Country
USA



MOORE

CR2E083 (11/03)

4. FEI Number

05-0551214

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZYLBERBERG, CLAUDIA
7301A WEST PALMETTO PARK RD., STE. 100C
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

CLAUDIA ZYLBERBERG

Street Address (P.O. Box Number is Not Acceptable)

7700 CONGRESS AVENUE

SUITE 3108

City

BOCA RATON

FL

Zip Code

33487

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGRM
STREET ADDRESS	CLAUDIA ZYLBERBERG
CITY-ST-ZIP	7700 CONGRESS AVE, SUITE 3108 BOCA RATON, FL 33487
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGR
STREET ADDRESS	SONIA I. SUAREZ
CITY-ST-ZIP	7700 CONGRESS AVE. STE 3108 BOCA RATON, FL 33487
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/22/04 (561)997-9390

Date

Daytime Phone #