

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90064 050 ****50.00

DOCUMENT # L03000003158

1. Entity Name

NATION MEDICAL SUPPLY, LLC



Principal Place of Business

7700 CONGRESS AVE.
SUITE 2106
BOCA RATON, FL 33487

Mailing Address

7700 CONGRESS AVE.
SUITE 2106
BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE



01152007 No Chg-LLC

CR2E083 (11/05)

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
7700 CONGRESS AVE.
SUITE 2106
BOCA RATON, FL 33487

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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 _____

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

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**Filing Fee Is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ZYLBERBERG, CLAUDIA
STREET ADDRESS 7700 CONGRESS AVE., SUITE 2106
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE MGR
NAME SUAREZ, SONIA I
STREET ADDRESS 7700 CONGRESS AVE., SUITE 2106
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE MGR
NAME SMUKLER, ROBERT
STREET ADDRESS 7700 CONGRESS AVE., SUITE 2106
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

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

01/16/07

Date

861-929-3655

Daytime Phone #