

LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

08-22-2005 90187 027 \*\*\*\*50.00

DOCUMENT # L 0 4 0 0 0 0 2 2 4 1 2

1. Entity Name

HARBOR HEALTHCARE DISTRIBUTORS, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
ONE OAKWOOD BLVD., Suite 250

Suite, Apt. #, etc.

SUITE 250

City & State  
HOLLYWOOD, FL

Zip  
33020

Country

3. Mailing Address  
ONE OAKWOOD BLVD., Suite 250

Suite, Apt. #, etc.

SUITE 250

City & State  
HOLLYWOOD, FL

Zip  
33020

Country

4. FEI Number  
20-0904897

Applied For  
Not Applicable

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

7. Name and Address of Current Registered Agent

Name  
MICHAEL ROSENBERG

Street Address (P.O. Box Number is Not Acceptable)  
ONE OAKWOOD BLVD., Suite 250

City  
HOLLYWOOD

FL

Zip Code  
33020

**DO NOT WRITE  
IN THIS SPACE**

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

MICHAEL ROSENBERG-MEMBER

8/5/2005

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

DATE

FEE IS \$50.00  
Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MEMBER  
MICHAEL ROSENBERG  
1320 NE 172ND STRETT  
NORTH MIAMI BEACH, FL 33162

TITLE  
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IN THIS SPACE**

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:

MICHAEL ROSENBERG-MEMBE

8/5/2005

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

Date

Daytime Phone #

CR2E083B (12/02)