

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000031511

FILED
Feb 16, 2009
Secretary of State

Entity Name: UNIVERSAL MEDICAL DISTRIBUTION CENTER LLC.

Current Principal Place of Business:

1640 SW 150 ROAD
MIAMI, FL 33185

New Principal Place of Business:

2423 SW 147 AVE (SUITE 103)
MIAMI, FL 33185

Current Mailing Address:

P.O. BOX 2036
MIAMI, FL 33194

New Mailing Address:

2423 SW 147 AVE (SUITE 103)
MIAMI, FL 33185

FEI Number: 26-2264857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINO, FRANK
1640 SW 150 ROAD
MIAMI, FL 33185 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 () Delete
Name: GARCIA, MARIA L
Address: 1640 SW 150 ROAD
City-St-Zip: MIAMI, FL 33185

Title: MGRM () Delete
Name: PINO, FRANK
Address: 1640 SW 150 ROAD
City-St-Zip: MIAMI, FL 33185

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: FRANK PINO

MGRM

02/16/2009

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