

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000031511

**FILED**  
**Mar 03, 2010**  
**Secretary of State**

**Entity Name:** UNIVERSAL MEDICAL DISTRIBUTION CENTER LLC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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  
Name: GARCIA, MARIA L  
Address: 1640 SW 150 ROAD  
City-St-Zip: MIAMI, FL 33185

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

I hereby 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

MAN.

03/03/2010

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