

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000067774

FILED
May 05, 2010
Secretary of State

Entity Name: SHRIJI HEALTH SUPPLY LLC

Current Principal Place of Business:

409 MERCY PROF BUILDING, 3661 S. MIAMI AVE
MIAMI, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

1601 SW 82ND COURT
MIAMI, FL 33155 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PARIKH, SHRIKANT R
1601 SW 82ND COURT
MIAMI, FL 33155 US

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: PS
Name: PARIKH, SHRIKANT R
Address: 1601 SW 82ND COURT
City-St-Zip: MIAMI, FL 33155 US

Title: VPT
Name: PARIKH, HEMANT R
Address: 2501 SW 118 COURT
City-St-Zip: MIAMI, FL 33175 US

Title: VP
Name: ZAVERI, VIJAY M.D.
Address: 6520 SW 98TH STREET
City-St-Zip: MIAMI, FL 33156 US

Title: VP
Name: GARALA, MANISH D.D.S.
Address: 12272 SW 124TH TERRACE
City-St-Zip: MIAMI, FL 33186 US

Title: VP
Name: GARALA, HAREN
Address: 12272 SW 124TH TERRACE
City-St-Zip: MIAMI, FL 33186 US

Title: VP
Name: REYES, ISMAEL
Address: 409 MERCY PROF BLDG, 3661 S. MIAMI AVE
City-St-Zip: MIAMI, FL 33133 US

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: SHRIKANT R. PARIKH

PS

05/05/2010

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