

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000099333

FILED
Apr 29, 2011
Secretary of State

Entity Name: CLINHOS MEDICAL SUPPLIERS, LLC

Current Principal Place of Business:

8600 NW 64TH STREET, SUTIE 3
DORAL, FL 33166

New Principal Place of Business:

8600 NW 64TH STREET, SUITE 3
DORAL, FL 33166

Current Mailing Address:

8600 NW 64TH STREET, SUTIE 3
DORAL, FL 33166

New Mailing Address:

17913 NW 7TH STREET, SUITE 103
PEMBROKE PINES, FL 33029

FEI Number: 27-3525667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIOS, LEOPOLDO G
17913 NW 7TH STREET, SUITE 103
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

CPC ACCOUNTING SVCS
17913 NW 7TH STREET, SUITE 103
PEMBROKE PINES, FL 33029 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: CPC ACCOUNTING SERVICES

04/29/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: RAMOS, RICHARD A
Address: 8600 NW 64TH STREET, SUTIE 3
City-St-Zip: DORAL, FL 33166

Title: MGRM
Name: LORETO, PATRICIA
Address: 8600 NW 64TH STREET, SUTIE 3
City-St-Zip: DORAL, FL 33166

Title: MGRM
Name: RIOS, CARLOS L
Address: 8600 NW 64TH STREET, SUTIE 3
City-St-Zip: DORAL, FL 33166

Title: MGRM
Name: HILLER, CARLOS H
Address: 8600 NW 64TH STREET, SUTIE 3
City-St-Zip: DORAL, FL 33166

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: RICHARD RAMOS

MGRM

04/29/2011

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