

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L10000104694

**FILED**  
**Jun 26, 2012**  
**Secretary of State**

**Entity Name:** MEDICAL & DENTAL EQUIPMENT SUPPLY, LLC

**Current Principal Place of Business:**

11002 NW 83 STREET  
206  
DORAL, FL 33178

**New Principal Place of Business:**

10012 NW 7 STREET  
#108  
MIAMI, FL 33172

**Current Mailing Address:**

11002 NW 83 STREET  
206  
DORAL, FL 33178

**New Mailing Address:**

10012 NW 7 STREET  
#108  
MIAMI, FL 33172

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANGULO, ANA M  
5975 SUNSET DRIVE  
503  
MIAMI, FL 33143 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: MGR  
Name: MAVAREZ, LISSET  
Address: 10012 NW 7 STREET #108  
City-St-Zip: MIAMI, FL 33172

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: LISSET MAVAREZ

MGR

06/26/2012

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