

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000119273

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** MEDI 1 MEDICAL SUPPLIERS, LLC

**Current Principal Place of Business:**

2441 NW 93 AVE.  
#109 B  
DORAL, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

1750 NW 107 AVE.  
M-312  
DORAL, FL 33172

**New Mailing Address:**

**FEI Number:** 90-0637094

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PENA, J D  
701 BRICKELL AVENUE  
1650  
MIAMI, FL 33131 US

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

PENA, JOSE D  
701 BRICKELL AVENUE  
1650  
MIAMI, FL 33131 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:** JOSE DAVID PENA

04/24/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** CASTELBLANCO, JOGLI  
**Address:** 1750 NW 107 AVE. # M-312  
**City-St-Zip:** DORAL, FL 33172

**Title:** MGR  
**Name:** CHARFAN, KARINA  
**Address:** 1750 NW 107 AVE. #M-312  
**City-St-Zip:** DORAL, 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:** JOGLI CASTELBLANCO

MGR

04/24/2012

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