

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000019209

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

**Entity Name:** MED-PRO DISTRIBUTORS, LLC

**Current Principal Place of Business:**

641 NW 38TH CIRCLE  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

500 GULFSTREAM BLVD  
SUITE 206  
DELRAY BEACH, FL 33483 US

**Current Mailing Address:**

641 NW 38TH CIRCLE  
BOCA RATON, FL 33431 US

**New Mailing Address:**

500 GULFSTREAM BLVD  
SUITE 206  
DELRAY BEACH, FL 33483 US

**FEI Number:** 27-4972666

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOLOMON, MARC I ESQ.  
1160 SOUTH ROGERS CIRCLE  
SUITE 2  
BOCA RATON, FL 33487 US

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

SOMAIRE, LLC  
500 GULFSTREAM BLVD  
SUITE 206  
DELRAY BEACH, FL 33483 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: DAVID SOMBERG

03/23/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SOMAIRE, LLC  
Address: 500 GULFSTREAM BLVD  
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: MGRM  
Name: BELLARI HOLDINGS, LLC  
Address: 8551 NW 52ND PLACE  
City-St-Zip: CORAL SPRINGS, FL 33067 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: DAVID SOMBERG

PRES

03/23/2012

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