

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000036230

**Entity Name:** MEDICAL SUPPLY M2R LLC

**FILED**  
**Sep 14, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8405 NW 53 STREET  
SUITE C-101  
DORAL, FL 33166

**New Principal Place of Business:**

1300 NW 84 AVE  
DORAL, FL 331266

**Current Mailing Address:**

8405 NW 53 STREET  
SUITE C-101  
DORAL, FL 33166

**New Mailing Address:**

1300 NW 84 AVE  
DORAL, FL 331266

**FEI Number:** 45-1068470

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AVILA, MANUEL  
8405 NW 53 STREET  
SUITE C-101  
DORAL, FL 33166 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:** MGRM  
**Name:** AVILA, MANUEL  
**Address:** 8405 NW 53 STREET SUITE C-101  
**City-St-Zip:** DORAL, FL 33166 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: MANUEL AVILA

MGRM

09/14/2012

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