

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000089554

FILED
Feb 10, 2012
Secretary of State

Entity Name: COASTAL MEDICAL DISTRIBUTORS, LLC

Current Principal Place of Business:

2363 OLANDER ST
GREEN COVE SPRINGS, FL 32043 US

New Principal Place of Business:

Current Mailing Address:

2363 OLANDER ST
GREEN COVE SPRINGS, FL 32043 US

New Mailing Address:

1815 MOORINGS CIRCLE
MIDDLEBURG, FL 32068 US

FEI Number: 45-2867444

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENES, RUSSELL E
2363 OLANDER ST
GREEN COVE SPRINGS, FL 32043 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: BENES, RUSSELL E
Address: 2363 OLANDER ST
City-St-Zip: GREEN COVE SPRINGS, FL 32043 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: RUSSELL E. BENES

PRES

02/10/2012

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