

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000079475

**FILED**  
**Nov 07, 2013**  
**Secretary of State**

**Entity Name:** GLOBAL MEDICAL DISTRIBUTORS, LLC

**Current Principal Place of Business:**

2704 N UNIVERSITY DR  
SUNRISE, FL 33322 US

**New Principal Place of Business:**

1931 NW 150TH AVE.  
SUITE 219  
PEMBROKE PINES, FL 33028 US

**Current Mailing Address:**

2704 N UNIVERSITY DR  
SUNRISE, FL 33322 US

**New Mailing Address:**

1931 NW 150TH AVE.  
SUITE 219  
PEMBROKE PINES, FL 33028 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

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

BELTRAN, MARIA C  
2704 N UNIVERSITY DR  
SUNRISE, FL 33322 US

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

BELTRAN, MARIA C  
1931 NW 150TH AVE.  
SUITE 219  
SUNRISE, FL 33322 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: MARIA C BELTRAN

11/07/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BELTRAN, MARIA C  
Address: 1931 NW 150TH AVE STE. 219  
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: MGRM  
Name: BELTRAN, ELIMAR  
Address: 10160 NW 10 ST  
City-St-Zip: PLANTATION, FL 33322 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: MARIA C BELTRAN

MGRM

11/07/2013

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