

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000002830

**Entity Name:** MEDLINE ORLANDO LLC

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

ONE MEDLINE PLACE  
MUNDELEIN, IL 60060

**New Principal Place of Business:**

**Current Mailing Address:**

ONE MEDLINE PLACE  
MUNDELEIN, IL 60060

**New Mailing Address:**

**FEI Number:** 45-1620235

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** MGR  
**Name:** MEDLINE INDUSTRIES, INC.  
**Address:** ONE MEDLINE PLACE  
**City-St-Zip:** MUNDELEIN, IL 60060

**Title:** CFO  
**Name:** GRUBER, JOHN A  
**Address:** ONE MEDLINE PLACE  
**City-St-Zip:** MUNDELEIN, IL 60060

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: JOHN A. GRUBER

CFO

04/11/2012

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