

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M13000005169

**FILED**  
**Oct 03, 2014**  
**Secretary of State**

**Entity Name:** ELITE MEDICAL SUPPLY OF NEW YORK, LLC

**Current Principal Place of Business:**

1900 RIDGE ROAD, SUITE 125  
WEST SENECA, NY 14224

**New Principal Place of Business:**

**Current Mailing Address:**

1900 RIDGE ROAD, SUITE 125  
WEST SENECA, NY 14224

**New Mailing Address:**

**FEI Number:** 74-3050935

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KULAWIK, ELWIRA  
851 PORPOISE RD  
VENICE, FL 34293 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:** ELWIRA KULAWIK

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGRM  
**Name:** NIKIEL, GARY A  
**Address:** 1900 RIDGE ROAD, SUITE 125  
**City-St-Zip:** WEST SENECA, NY 14224

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** GARY A. NIKIEL

MGRM

10/03/2014

Electronic Signature of Authorized Person

Date