

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000120551

Entity Name: LIFE MEDICAL SUPPLIER.COM, INC.

Current Principal Place of Business:

10204 NW 47 STREET
SUNRISE, FL 33351

Current Mailing Address:

10204 NW 47 STREET
SUNRISE, FL 33351 US

FEI Number: 20-3397230

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ORTEGON, NOHORA
10204 NW 47 STREET
SUNRISE, FL 33351 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD	Title	S
Name	ORTEGON, NOHORA	Name	VARGAS ORTEGON, ANDRES
Address	10204 NW 47 STREET	Address	10204 NW 47TH ST
City-State-Zip:	SUNRISE FL 33351	City-State-Zip:	SUNRISE FL 33351

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NOHORA ORTEGON

MRS

03/08/2022

Electronic Signature of Signing Officer/Director Detail

Date