

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000016026

Entity Name: UNIT DOSE SERVICES, LLC

Current Principal Place of Business:

321 NORTH BRYAN ROAD
DANIA BEACH, FL 33004

Current Mailing Address:

321 N. BRYAN ROAD
DANIA BEACH, FL 33004 US

FEI Number: 26-4350493

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORREA, MICHAEL
UNIT DOSE SERVICES LLC
20101 NE 16TH PLACE
MIAMI, FL 33179 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: MICHAEL CORREA

04/07/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	GENERAL MANAGER	Title	AUTHORIZED REPRESENTATIVE
Name	LEVASSEUR, PETER	Name	MAC-UDS FL, LLC
Address	321 N BRYAN RD.	Address	UNIT DOSE SERVICES 20101 NE 16TH PLACE ATTN: MAC-UDS FL, LLC
City-State-Zip:	DANIA BEACH FL 33004	City-State-Zip:	MIAMI FL 33179
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	KLM-UDS FL, LLC	Name	SEH-UDS FL, LLC
Address	UNIT DOSE SERVICES LLC 20101 NE 16TH PLACE	Address	UNIT DOSE SERVICES LLC 20101 NE 16TH PLACE
City-State-Zip:	MIAMI FL 33179	City-State-Zip:	MIAMI FL 33179
Title	AUTHORIZED REPRESENTATIVE	Title	COMPLIANCE OFFICER
Name	VIBRANTA, INC.	Name	DEREK , HARRIS
Address	UNIT DOSE SERVICES LLC 121 ALHAMBRA PLAZA 1450	Address	20101 NE 16TH PLACE
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	MIAMI FL 33179

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PETER LEVASSEUR

GENERAL MANAGER

04/07/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date