

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000038016

Entity Name: UNIVERSAL MEDICAL DISTRIBUTORS, LLC.

Current Principal Place of Business:

2423 SW 147 AVE (SUITE 103)
MIAMI, FL 33185

Current Mailing Address:

PO BOX 940574
MIAMI, FL 33194

FEI Number: 45-4856694

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARCIA, MARIA LUISA
1640 SW 150 RD.
MIAMI, FL 33185 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 L. GARCIA

02/20/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGRM
Name	PINO, FRANK	Name	GARCIA, MARIA L
Address	PO BOX 940574	Address	PO BOX 940574
City-State-Zip:	MIAMI FL 33194	City-State-Zip:	MIAMI FL 33194

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: MARIA L. GARCIA

MGRM

02/20/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date