

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000132263

Entity Name: NEW CASTLE MEDICAL DISTRIBUTORS, LLC

Current Principal Place of Business:

691 NE 29TH PLACE
BOCA RATON, FL 33431

Current Mailing Address:

691 NE 29TH PLACE
BOCA RATON, FL 33431

FEI Number: 46-1797786

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FERK, LAWRENCE D
691 NE 29TH PLACE
BOCA RATON, FL 33431 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

Authorized Person(s) Detail :

Title MGRM
Name FERK, LAWRENCE D
Address 691 NE 29TH PLACE
City-State-Zip: BOCA RATON FL 33431

Title MGRM
Name MELENDEZ, FRANK
Address 92 SW 3RD ST #3112
City-State-Zip: MIAMI FL 33130

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: LAWRENCE D. FERK

MGRM

03/29/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date