

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000089439

Entity Name: AXIOM MEDICAL SUPPLIES LLC

Current Principal Place of Business:

11620 NW 50TH TERRACE
DORAL, FL 33178

Current Mailing Address:

11620 NW 50TH TERRACE
DORAL, FL 33178 US

FEI Number: 46-3025968

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

QUINTAL, MARIA I
11620 NW 50TH TERRACE
DORAL, FL 33178 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 QUINTAL

04/23/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name QUINTAL, MARIA I
Address 11620 NW 50TH TERRACE
City-State-Zip: DORAL FL 33178

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 QUINTAL

MANAGER

04/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date