

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000150226

Entity Name: US HEALTHCARE SUPPLY FL LLC

Current Principal Place of Business:

240 BLUE JUNIPER BLVD, STE B
VENICE, FL 34292

Current Mailing Address:

240 BLUE JUNIPER BLVD, STE B
VENICE, FL 34292

FEI Number: 26-4714715

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRASCH, JOHN
240 BLUE JUNIPER BLVD, STE B
VENICE, FL 34292 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 MGR
Name LETKO, JON P
Address 50 MELCHOR DR
City-State-Zip: EASTON PA 18042

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: JON LETKO

MGR

04/30/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date