

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000169326

Entity Name: FLORIDA HOME MEDICAL SUPPLY, LLC

Current Principal Place of Business:

614 E. ALTAMONTE DRIVE
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

614 E. ALTAMONTE DRIVE
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 59-2196558

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRUINSMA, DAVID
614 E. ALTAMONTE DRIVE
ALTAMONTE SPRINGS, FL 32701 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 BRUINSMA, BETTY
Address 614 E. ALTAMONTE DRIVE
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title MGR
Name BRUINSMA, DAVID
Address 614 E. ALTAMONTE DRIVE
City-State-Zip: ALTAMONTE SPRINGS FL 32701

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: DAVID BRUINSMA

CEO

02/19/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date