

2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L16000001025

Entity Name: EMPIRE MEDICAL EQUIPMENT AND SUPPLIES LLC

Current Principal Place of Business:

7900 GLADES ROAD,
SUITE 650
BOCA RATON, FL 33434

Current Mailing Address:

7900 GLADES ROAD,
SUITE 650
BOCA RATON, FL 33434 US

FEI Number: 81-1049051

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EMPIRE MEDICAL EQUIPMENT AND SUPPLIES
7900 GLADES ROAD
SUITE 650
BOCA RATON, FL 33434 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: RAYMOND SHORES

10/27/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name SHORES, RAYMOND D
Address 7801 NORTH FEDERAL HIGHWAY
APT6-207
City-State-Zip: BOCA RATON FL 33487

Title AMBR
Name LANTZ, BRANDON
Address 4900 S. DREXEL BLVD
City-State-Zip: CHICAGO IL 60615

Title AMBR
Name CROCKETT, SHANITA
Address 3162 CORAL SPRINGS DR
City-State-Zip: CORAL SPRINGS FL 33065

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: RAYMOND SHORES

OWNER

10/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date