2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2024
Secretary of State
3594941738CC

DOCUMENT# L18000104946

Entity Name: ADVANCED MEDICAL DISTRIBUTORS, LLC

Current Principal Place of Business:

4390 35TH STREET
STE B1
ORLANDO, FL 32811

Current Mailing Address:

4390 35TH STREET
STE B1
ORLANDO, FL 32811 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADVANCED MEDICAL LLC
4390 35TH STREET
STE B1
ORLANDO, FL 32811 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: MARK ANDERSON 02/11/2024

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	PRESIDENT, TRUSTEE, AUTHORIZED REPRESENTATIVE
Name	ANDERSON, MARK J
Address	4390 35TH STREET STE B1
City-State-Zip:	ORLANDO FL 32811

Title	AUTHORIZED MEMBER
Name	AG PRO CONTRACTING LLC
Address	4390 35TH STREET STE B1
City-State-Zip:	ORLANDO FL 32811

Title	MEMBER
Name	VRFII INC
Address	8 THE GREEN SUITE # 12210
City-State-Zip:	DOVER FL 19901

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: MARK J ANDERSON PRESIDENT 02/11/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date