

2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

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:** Yes**Name and Address of Current Registered Agent:**ANDERSON, MARK
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**12/21/2023**

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	ANDERSON LEGACY TRUST TTEE MARK ANDERSON UTA 8/5/2023
Address	4390 35TH STREET STE B1
City-State-Zip:	ORLANDO FL 32811

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****12/21/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date