

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000103262

**Entity Name:** WG HEALTHCARE DISTRIBUTORS, LLC

**Current Principal Place of Business:**

244 BISCAYNE BOULEVARD  
SUITE 3203  
MIAMI, FL 33132

**Current Mailing Address:**

244 BISCAYNE BOULEVARD  
SUITE 3203  
MIAMI, FL 33132 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GARCIA, WALTER  
244 BISCAYNE BOULEVARD  
SUITE 3203  
MIAMI, FL 33132 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:** WALTER GARCIA

04/29/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GARCIA, WALTER  
Address 244 BISCAYNE BOULEVARD  
SUITE 3203  
City-State-Zip: MIAMI FL 33132

*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:** WALTER GARCIA

MANAGER

04/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date