

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000364165

Entity Name: FLOMED INFUSION SERVICES LLC

Current Principal Place of Business:

6274 LINTON BLVD
SUITE 105
DELRAY BEACH, FL 33484

Current Mailing Address:

6274 LINTON BLVD
SUITE 105
DELRAY BEACH, FL 33484 US

FEI Number: 85-4123391

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WIDROFF, TZIPPY ROBIN
6274 LINTON BLVD
SUITE 105
DELRAY BEACH, FL 33484 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: TZIPPY ROBIN WIDROFF

01/14/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT, MANAGER
Name WIDROFF, TZIPPY ROBIN
Address 6274 LINTON BLVD
 SUITE 105
City-State-Zip: DELRAY BEACH FL 33484

Title VP, MANAGER
Name GALBUT, ERIC
Address 4770 BISCAYNE BLVD
 SUITE 1400
City-State-Zip: MIAMI FL 33137

Title AUTHORIZED REPRESENTATIVE
Name WIDROFF, TZIPPY ROBIN
Address 6274 LINTON BLVD
 SUITE 105
City-State-Zip: DELRAY BEACH FL 33484

Title VP, MANAGER
Name WINTER, DANIEL IAN
Address 8439 LAKE MAJESTY LANE
City-State-Zip: PARKLAND FL 33076-2899

Title MANAGER
Name ROSENBERG, MOSES A.
Address 1370 57TH ST
 APT 2
City-State-Zip: BROOKLYN NY 11219

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: DANIEL I WINTER

CFO/COO

01/14/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date