

**2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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, ROBIN  
10275 COLLINS AVE  
APT 1402  
BAL HARBOUR, FL 33154 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT, MANAGER  
Name            WIDROFF, ROBIN TZIPPY  
Address        10275 COLLINS AVE, APT 1402  
City-State-Zip: BAL HARBOUR FL 33154-1424

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

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

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:** ROBIN WIDROFF

**PRESIDENT**

**07/16/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date