

**2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L20000367841

**Entity Name:** AMERICAN MED PLUS SUPPLIES LLC

**Current Principal Place of Business:**

8358 W OAKLAND PARK BLVD  
SUITE 300A  
SUNRISE, FL 33351

**Current Mailing Address:**

8358 W OAKLAND PARK BLVD  
SUITE 300A  
SUNRISE, FL 33351 US

**FEI Number:** 86-1187626

**Certificate of Status Desired:** No

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

NEGRIN, FRANK  
1329 ST TROPEZ CIR APT 504  
WESTON, FL 33326 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:** FRANK NEGRIN

05/21/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name            NEGRIN, FRANK  
Address         8358 W OAKLAND PARK BLVD  
                  SUITE 300A  
City-State-Zip: SUNRISE FL 33351

*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:** FRANK NEGRIN

MANAGER

05/21/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date