

**2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L21000484348

**Entity Name:** REGIONS MEDICAL SUPPLY LLC

**Current Principal Place of Business:**

2500 NW 79 AVE STE 218  
DORAL, FL 33122

**Current Mailing Address:**

2500 NW 79 AVE STE 218  
DORAL, FL 33122

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

FIGUEREDO TAMAYO , FRANCISCA  
2500 NW 79 AVE STE 218  
DORAL, FL 33122 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:** FRANCISCA FIGUEREDO TAMAYO

06/24/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name FIGUEREDO TAMAYO , FRANCISCA  
Address 2500 NW 79 AVE STE 218  
City-State-Zip: DORAL FL 33122

Title AMBR  
Name CARAZO, STEVE G  
Address 2500 NW 79 AVE STE 218  
City-State-Zip: DORAL FL 33122

*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:** STEVE G. CARAZO

AMBR

06/24/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date