

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000524519

Entity Name: ELITE MEDICAL DISTRIBUTORS OF FL, LLC

Current Principal Place of Business:

3172 KERNAN LAKE CIRCLE
JACKSONVILLE, FL 32246

Current Mailing Address:

12620 BEACH BLVD
SUITE 3-339
JACKSONVILLE, FL 32246 US

FEI Number: 87-4054515

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POOLOS, MARK P
12620 BEACH BLVD
SUITE 3-339
JACKSONVILLE, FL 32246 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 AMBR
Name POOLOS, MARK P.
Address 12620 BEACH BLVD
SUITE 3-339
City-State-Zip: JACKSONVILLE FL 32246

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: MARK POOLOS

AMBR

01/16/2023

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date