

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000524519

Entity Name: ELITE MEDICAL DISTRIBUTORS OF FL, LLC

Current Principal Place of Business:

3233 BAILEY ANN DRIVE
ORMOND BEACH, FL 32174

Current Mailing Address:

5000 US HWY 17 S
SUITE 18181
FLEMING ISLAND, FL 32003 US

FEI Number: 87-4054515

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POOLOS, MARK P
5000 US HWY 17 S
SUITE 18181
FLEMING ISLAND, FL 32003 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 AUTHORIZED MEMBER
Name POOLOS, MARK P.
Address 5000 US HWY 17 S
SUITE 18181
City-State-Zip: FLEMING ISLAND FL 32003

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 P. POOLOS

AUTHORIZED MEMBER

03/10/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date