2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2025
Secretary of State
7419719212CC

DOCUMENT# L23000269422

Entity Name: PRO MEDICAL SUPPLY, LLC

Current Principal Place of Business:

5483 NW ST. JAMES DR.
PORT ST. LUCIE, FL 34983

Current Mailing Address:

5483 NW ST. JAMES DR.
PORT ST. LUCIE, FL 34983

FEI Number: 38-4272797

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MUSSER, ROBERT B
5483 NW ST. JAMES DR.
PORT ST. LUCIE, FL 34983 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	MGR	Title	CEO
Name	NAVA, MARIANA	Name	MUSSER, ROBERT
Address	5483 NW ST JAMES DR	Address	5483 NW ST. JAMES DR
City-State-Zip:	PORT ST. LUCIE FL 34983	City-State-Zip:	PORT ST LUCIE FL 34983

Title	AUTHORIZED REPRESENTATIVE
Name	MUSSER, LIZA
Address	5483 NW ST. JAMES DR
City-State-Zip:	PORT ST LUCIE FL 34983

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: MARIANA NAVA OFFICE MANAGER 05/02/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date