

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000002532

Entity Name: MEDSHOP, LLC

Current Principal Place of Business:

120 BLOOMINGDALE AVENUE
SUITE 301
WHITE PLAINS, NY 10605

Current Mailing Address:

120 BLOOMINGDALE AVENUE
SUITE 301
WHITE PLAINS, NY 10605

FEI Number: 27-3187744

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MGRM
Name BYRAM HEALTHCARE CENTERS, INC.
Address 120 BLOOMINGDALE AVENUE, SUITE 301
City-State-Zip: WHITE PLAINS NY 10605-9944

Title MGR
Name BERNOCCHI, PERRY A
Address 500 APGAR DRIVE, SUITE 2
City-State-Zip: SOMERSET NJ 08873

Title MANAGER
Name OVERWEEL, MARCEL
Address 120 BLOOMINGDALE AVENUE SUITE 301
City-State-Zip: WHITE PLAINS NY 10605

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: MICHELLE KNOWLES

LEGAL OFFICER

04/21/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date