

No. W 184832		Due no later than Jun 30, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. VETERANS CHOICE MEDICAL EQUIPMENT, LLC 3600 VINELAND ROAD, SUITE 114 ORLANDO FL 32811		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	AVENUE MORI MEDICAL EQUIPMENT,	1930 WATSON WAY, SUITE Q	VISTA	CA	USA	92081	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
DE W 184832		Signature: THOMAS J. KOENIG				Date: 05/11/2018	
		Name (type or print): THOMAS J. KOENIG				Title: MANAGER	
Processed 05/11/2018		* Electronically provided signatures are accepted as original signatures.					