

No. C 201558		Due no later than Mar 31, 2015 <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		1. Mailing Address: Correct in this box if needed.  LMC MEDICAL SUPPLIES, INC. PATRICK S DEVINE 933 CLINT MOORE RD BOCA RATON FL 33487-2802		NORTHWEST REGISTERED AGENT LLC 1900 NORTHWEST BLVD STE 106A COEUR D ALENE 83814			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	Yael Camhi	1090 HOLLAND DRIVE SUITE 3	BOCA RATON	FL		33487-2719	
SECRETARY	Lorri B Silverman	933 CLINT MOORE RD	BOCA RATON	FL		33487-2802	
5. Organized Under the Laws of:  <b>FL C 201558</b>		6. Annual Report must be signed.*  Signature: Yael Camhi Name (type or print): Yael Camhi  Date: 03/18/2015 Title: PRESIDENT					
Processed 03/18/2015 * Electronically provided signatures are accepted as original signatures.							