

No. C 201558	Due no later than Mar 31, 2016 Annual Report Form	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. LMC MEDICAL SUPPLIES, INC. 1090 HOLLAND DRIVE SUITE 3 BOCA RATON FL 33487	CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 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
DIRECTOR	STEVEN SILVERMAN	901 YAMATO ROAD SUITE 101	BOCA RATON	FL	USA	33431
TREASURER	LISA M. PORUSH	901 YAMATO ROAD SUITE 101	BOCA RATON	FL	USA	33431
PRESIDENT	Yael CAMHI	1090 HOLLAND DRIVE SUITE 3	BOCA RATON	FL		33487-2719
SECRETARY	LORRI B SILVERMAN	901 YAMATO ROAD SUITE 101	BOCA RATON	FL		33431
5. Organized Under the Laws of: FL C 201558	6. Annual Report must be signed.* Signature: LORRI B SILVERMAN Name (type or print): LORRI B SILVERMAN		Date: 04/27/2016 Title: SECRETARY			
Processed 04/27/2016		* Electronically provided signatures are accepted as original signatures.				