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|--|-------------------|--|------------|--|---------|-------------|--|
| No. C 201558 | | Due no later than Mar 31, 2016 | | 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. | | | | | |