

No. C 201558		Due no later than Mar 31, 2017		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		Annual Report Form		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		LMC MEDICAL SUPPLIES, INC. 1090 HOLLAND DRIVE SUITE 3 BOCA RATON FL 33487					
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	Yael CAMHI	1090 HOLLAND DRIVE SUITE 3		BOCA RATON	FL	USA	33487
DIRECTOR	LORRI B SILVERMAN	1090 HOLLAND DRIVE SUITE 3		BOCA RATON	FL	USA	33487
PRESIDENT	Yael CAMHI	1090 HOLLAND DRIVE SUITE 3		BOCA RATON	FL		33487-2719
SECRETARY	LORRI B SILVERMAN	1030 HOLLAND DRIVE SUITE 3		BOCA RATON	FL		33487
DIRECTOR	STEVEN SILVERMAN	1090 HOLLANS DRIVE SUITE 3		BOCA RATON	FL	USA	33487
DIRECTOR	LISA M. PORUSH	1090 HOLLAND DRIVE SUITE 3		BOCA RATON	FL	USA	33487
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: 03/21/2017 Title: SECRETARY			
Processed 03/21/2017		* Electronically provided signatures are accepted as original signatures.					