


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # K57313
 1. Entity Name
 SUN MEDICAL AND SURGICAL SUPPLY, INC.



Principal Place of Business Mailing Address
 1455 EAST VENICE AVENUE 1455 EAST VENICE AVENUE
 #205 - VENICE COMMONS SHOPPING CENTER #205 - VENICE COMMONS SHOPPING CENTER
 VENICE, FL 34285 VENICE, FL 34285

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0096179 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KUSHIM, DEAN
 2065 12TH ST
 SARASOTA, FL 34237

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Dean N. Koshim, President DATE: 1/7/05
Signature, typed or printed name of registered agent and title applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

UN0000175305
 01/10/05-80067-024 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUSHIM, DEAN 2065 12TH ST SARASOTA, FL 34237
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dean N. Koshim, Pres. DATE: 1/7/05 DAYTIME PHONE # 941-954-9066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR