

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M29797

FILED  
Feb 08, 2010  
Secretary of State

**Entity Name:** HEALTHMED SUPPLIES INC.

**Current Principal Place of Business:**

4601 SW 75 AVE  
MIAMI, FL 33155 US

**New Principal Place of Business:**

**Current Mailing Address:**

4601 S.W. 75TH AVE.  
MIAMI, FL 33155 US

**New Mailing Address:**

4601 SW 75 AVE  
MIAMI, FL 33155 US

FEI Number: 59-2703714

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROJAS, ROBERTO  
15600 PINES BLVD.  
STE. 206  
MIAMI, FL 33027 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LEWELLEN, FRANCISCA  
Address: 8940 SW 125TH TERR.  
City-St-Zip: MIAMI, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRANCISCA LEWELLEN

PRES

02/08/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date