2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# P04000124582

Entity Name: SGH MEDICAL SUPPLIES, INC.

Current Principal Place of Business:

15100 NW 67TH AVE STE 200
MIAMI LAKES, FL 33014

New Principal Place of Business:

20900 NE 30TH. AVENUE
SUITE #: 841
AVENTURA, FL 33180

Current Mailing Address:

15100 NW 67TH AVE STE 200
MIAMI LAKES, FL 33014

New Mailing Address:

20900 NE 30TH. AVENUE
SUITE #: 841
AVENTURA, FL 33180

FEI Number: 90-0196763 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAPPORT, STEPHEN R
201 ALHAMBRA CIRCLE SUITE 711
CORAL GABLES, FL 33134 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 ( ) Delete
Name: BLASI, MAGIN
Address: 15100 NW 67TH AVE STE 200
City-St-Zip: MIAMI LAKES, FL 33014

Title: VPD ( ) Delete
Name: BLASI, FERNANDO
Address: 15100 NW 67TH AVE STE 200
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BLASI, MAGIN
Address: 20900 NE 30TH. AVENUE, SUITE# 841
City-St-Zip: AVENTURA, FL 33180

Title: VPD (X) Change ( ) Addition
Name: BLASI, FERNANDO
Address: 20900 NE 30TH. AVENUE, SUITE# 841
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MAGIN BLASI PD 03/17/2009

Electronic Signature of Signing Officer or Director Date