

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000085594

FILED
Apr 29, 2010
Secretary of State

Entity Name: INTER MEDICAL SUPPLY CORP.

Current Principal Place of Business:

10396 W STATE RD 84
SUITE 114
DAVIE, FL 33324

New Principal Place of Business:

2812 WESTON RD.
SUITE 112
WESTON, FL 33331

Current Mailing Address:

10396 W STATE RD 84
SUITE 114
DAVIE, FL 33324

New Mailing Address:

2812 WESTON RD.
SUITE 112
WESTON, FL 33331

FEI Number: 27-1251512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PARRA, RAMIRO
10396 W STATE RD 84
SUITE 114
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

DI MIELE, DEMETRIO
2812 WESTON RD.
SUITE 112
WESTON, FL 33331 US

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: DEMETRIO DI MIELE

04/29/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST
Name: DI MIELE, DEMETRIO
Address: 2812 WESTON RD. SUITE 112
City-St-Zip: WESTON, FL 33331 US

Title: VP
Name: DI MIELE, JOSE
Address: 2812 WESTON RD. SUITE 112
City-St-Zip: WESTON, FL 33331 US

Title: D
Name: MENDOZA, LUIS
Address: 2812 WESTON RD. SUITE 112
City-St-Zip: WESTON, FL 33331 US

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: DEMETRIO DI MIELE

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04/29/2010

Electronic Signature of Signing Officer or Director

Date