

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90096 017 ***150.00

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01232007 Chg-P CR2E034 (12/06)

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| DOCUMENT # F06000003910 | |
| 1. Entity Name BLUE MEDICAL SUPPLY, INC. | |



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| Principal Place of Business 2197 CANTON ROAD, SUITE 107 MARIETTA, GA 30066 | Mailing Address 2197 CANTON ROAD, SUITE 107 MARIETTA, GA 30066 |
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| 2. Principal Place of Business - No P.O. Box # Butler Plaza I | 3. Mailing Address P.O. Box 550938 |
| Suite, Apt. #, etc. 4899 Belfort Rd, Ste 205 | Suite, Apt. #, etc. |
| City & State Jacksonville, FL | City & State Jacksonville, FL |
| Zip 32256 | Zip 32255 |
| Country USA | Country USA |

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| 6. Name and Address of Current Registered Agent HENSLEY, SCOTT 7101 TPC DRIVE, SUITE 130 ORLANDO, FL 32822 | |
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| 7. Name and Address of New Registered Agent Name Hensley, Scott Street Address (P.O. Box Number is Not Acceptable) Butler Plaza I 4899 Belfort Rd, Ste 205 City Jacksonville FL Zip Code 32256 | |
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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 CT CORPORATION DATE 1-24-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP DP LAVELLE, TODD 2197 CANTON ROAD, SUITE 107 MARIETTA, GA 30066 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP DP Lavelle Todd Butler Plaza I, 4899 Belfort Rd Ste 205 Jacksonville, FL 32256 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP ST HENSLEY, SCOTT 7101 TPC DRIVE, SUITE 130 ORLANDO, FL 32822 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP ST Hensley, Scott Butler Plaza I, 4899 Belfort Rd, Ste 205 Jacksonville, FL 32256 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 [Signature] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date 1-24-07 Daytime Phone # 904-302-8652 |