

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V64575

**Entity Name:** DISCOUNT MEDICAL SUPPLY OF FLORIDA, INC.

**Current Principal Place of Business:**

2045 12TH ST  
SARASOTA, FL 34237

**Current Mailing Address:**

2045 12TH ST  
SARASOTA, FL 34237 US

**FEI Number:** 65-0357026

**Certificate of Status Desired:** No

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

KUSHIM, DEAN  
2045 12TH ST  
SARASOTA, FL 34237 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name DEAN, KUSHIM  
Address 2045 12 ST  
City-State-Zip: SARASOTA FL 34237

*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:** DEAN N KUSHIM

**PRESIDENT**

**04/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date