2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2015
Secretary of State
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Entity Name: SUPREME MEDICAL FULFILLMENT SYSTEMS, INC.

Current Principal Place of Business:

4497 DAWES RD
THEODORE, AL 36582

Current Mailing Address:

P.O. BOX 850247
MOBILE, AL 36685

FEI Number: 72-1352313

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, LORI
6815 TIDEWATER DR.
NAVARRE, FL 32566 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	CEO	Title	VP
Name	MASON, TONY	Name	MASON, JERRI
Address	P.O. BOX 850247	Address	P.O. BOX 850247
City-State-Zip:	MOBILE AL 36685	City-State-Zip:	MOBILE AL 36685

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: JERRI MASON VC 01/13/2015

Electronic Signature of Signing Officer/Director Detail — Date