

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000177

FILED
Apr 19, 2008
Secretary of State

Entity Name: ALL SOUTH MEDICAL SUPPLY, INC.

Current Principal Place of Business:

1667 S HUG JORDAN PARKWAY
#403
AUBURN, AL 36830

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4007
AUBURN, AL 36831

New Mailing Address:

FEI Number: 72-1353651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIFLETT, STEVE
11 RACE TRACK ROAD
E-2
FT. WALTON BEACH, FL 32547 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: P () Delete
Name: SHIFLETT, STEVE
Address: 2161 BRENTON LANE
City-St-Zip: AUBURN, AL 36830

Title: ST () Delete
Name: SHIFLETT, JEFF
Address: 714 MACLINE DR.
City-St-Zip: AUBURN, AL 36830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHIFLETT, STEVE
Address: 2161 BRENTON LANE
City-St-Zip: AUBURN, AL 36830

Title: ST (X) Change () Addition
Name: SHIFLETT, JEFF
Address: 714 MADELINE DR.
City-St-Zip: AUBURN, AL 36830

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: STEVE SHIFLETT

PRES

04/19/2008

Electronic Signature of Signing Officer or Director

Date