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Secretary of State

01-29-2007 90096 017 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000003910

1. Entity Name
BLUE MEDICAL SUPPLY, INC.

60009360

Principal Place of Business
2197 CANTON RAOD, SUITE 107
MARIETTA, GA 30066

Mailing Address
2197 CANTON RAOD, SUITE 107
MARIETTA, GA 30066

01232007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Butler Plaza I	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 Country USA	Zip 32255 Country USA

4. FEI Number 20-4813472 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HENSLEY, SCOTT 7101 TPC DRIVE, SUITE 130 ORLANDO, FL 32822	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

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 1-24-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 RAOD, SUITE 107 MARIETTA, GA 30066 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 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 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition ST Hensley, Scott Butler Plaza I, 4899 Belfort Rd, Ste 205 Jacksonville, Fl 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 1-24-07 904-302-5652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #