

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003910

Entity Name: BLUE MEDICAL SUPPLY, INC.

FILED  
May 01, 2008  
Secretary of State

## Current Principal Place of Business:

BUTLER PLAZA I  
4899 BELFORT RD STE 205  
JACKSONVILLE, FL 32256

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 550938  
JACKSONVILLE, FL 32255

## New Mailing Address:

FEI Number: 20-4813472

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HENSLEY, SCOTT  
BUTLER PLAZA I  
4866 BELFORT RD STE 205  
JACKSONVILLE, FL 32256 US

## Name and Address of New Registered Agent:

HENSLEY, SCOTT  
BUTLER PLAZA I  
4899 BELFORT RD STE 205  
JACKSONVILLE, FL 32256 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: \_\_\_\_\_

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: LAVELLE, TODD  
Address: BUTLER PLAZA I 4899 BELFORT PLAZA STE 205  
City-St-Zip: JACKSONVILLE, FL 32256

Title: ST ( ) Delete  
Name: HENSLEY, SCOTT  
Address: BUTLER PLAZA I 4899 BELFORT RD STE 205  
City-St-Zip: JACKSONVILLE, FL 32256

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: KELLY, PATRICK  
Address: BUTLER PLAZA I 4899 BELFORT PLAZA STE 205  
City-St-Zip: JACKSONVILLE, FL 32256

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SCOTT HENSLEY

ST

05/01/2008

Electronic Signature of Signing Officer or Director

Date