

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000007203

1. Entity Name
LYRIC MEDICAL SUPPLIES OF FLORIDA, INC.



Principal Place of Business
7150 COLUMBIA GATEWAY DRIVE, SUITE J
COLUMBIA, MD 21046

Mailing Address
7150 COLUMBIA GATEWAY DRIVE, SUITE J
COLUMBIA, MD 21046

FILED

2007 JAN 31 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5865730

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

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

400087709724
02/08/07--01005--008 **150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NICHOLSON, TIMOTHY F
STREET ADDRESS 7150 COLUMBIA GATEWAY DRIVE, SUITE J
CITY-ST-ZIP COLUMBIA, MD 21046

TITLE V
NAME POOLE, JOHN B
STREET ADDRESS 7150 COLUMBIA GATEWAY DRIVE, SUITE J
CITY-ST-ZIP COLUMBIA, MD 21046

TITLE V
NAME AUMAN, MATTHEW F
STREET ADDRESS 7150 COLUMBIA GATEWAY DRIVE, SUITE J
CITY-ST-ZIP COLUMBIA, MD 21046

TITLE V
NAME TRYBUS, TIMOTHY J
STREET ADDRESS 7150 COLUMBIA GATEWAY DRIVE, SUITE J
CITY-ST-ZIP COLUMBIA, MD 21046

TITLE S
NAME FALLON, JOHN R JR.
STREET ADDRESS 7150 COLUMBIA GATEWAY DRIVE, SUITE J
CITY-ST-ZIP COLUMBIA, MD 21046

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TIM TRYBUS

1/17/07

443-539-2350