

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 JAN 31 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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
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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 <input type="checkbox"/>	\$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

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

**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 02/08/07--01005--008 **1150.00

400087709724

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICHOLSON, TIMOTHY F 7150 COLUMBIA GATEWAY DRIVE, SUITE J COLUMBIA, MD 21046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POOLE, JOHN B 7150 COLUMBIA GATEWAY DRIVE, SUITE J COLUMBIA, MD 21046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AUMAN, MATTHEW F 7150 COLUMBIA GATEWAY DRIVE, SUITE J COLUMBIA, MD 21046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TRYBUS, TIMOTHY J 7150 COLUMBIA GATEWAY DRIVE, SUITE J COLUMBIA, MD 21046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FALLON, JOHN R JR. 7150 COLUMBIA GATEWAY DRIVE, SUITE J COLUMBIA, MD 21046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Tim TRYBUS 1/17/07 443-539-2350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #