

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002784

FILED  
Apr 26, 2011  
Secretary of State

**Entity Name:** DESTINY MEDICAL SUPPLY, INC.

**Current Principal Place of Business:**

5002 T-REX AVE SUITE 325  
BOCA RATON, FL 33431

**New Principal Place of Business:**

12200 EAST ILIFF AVE.,  
BUILDING C, SUITE 202  
AURORA, CO 80014

**Current Mailing Address:**

5002 T-REX AVE SUITE 325  
BOCA RATON, FL 33431

**New Mailing Address:**

5002 T-REX AVE  
SUITE 325  
BOCA RATON, FL 33431

**FEI Number:** 26-1193544

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOCHMAN, RODGER ESQ  
4850 T-REX AVE SUITE 300  
BOCA RATON, FL 33431 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PATRICK, JAMES E  
Address: 5002 T-REX AVE SUITE 325  
City-St-Zip: BOCA RATON, FL 33431

Title: T  
Name: GARDNER, GREG  
Address: 5002 T-REX AVE SUITE 325  
City-St-Zip: BOCA RATON, FL 33431

Title: S  
Name: HOCHMAN, RODGER  
Address: 5002 T-REX AVE SUITE 325  
City-St-Zip: BOCA RATON, FL 33431

I hereby 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 all other like empowered.

SIGNATURE: RODGER HOCHMAN

SECY

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date