2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2011
Secretary of State

DOCUMENT# F10000004900

Entity Name: CAL CITY MEDICAL SUPPLY, INC.

Current Principal Place of Business:

8048 CALIFORNIA CITY BLVD
CALIFORNIA CITY, CA 93505

New Principal Place of Business:

221-A SOUTH 9TH ST
OPELIKA, AL 36801

Current Mailing Address:

8048 CALIFORNIA CITY BLVD
CALIFORNIA CITY, CA 93505

New Mailing Address:

2637 E ATLANTIC BLVD
#16396
POMPANO BEACH, FL 33062

FEI Number: 30-0526891 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VCORP SERVICES, LLC
7200 W CAMINO REAL
SUITE 102
BOCA RATON, FL 33433 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: CPST
Name: LEVINE, MAX
Address: 2637 E ATLANTIC BLVD # 16396
City-St-Zip: POMPANO BEACH, FL 33062

Title: VCVP
Name: LEVINE, MAX
Address: 2637 E ATLANTIC BLVD # 16396
City-St-Zip: POMPANO BEACH, FL 33062

Title: D
Name: LEVINE, MAX
Address: 2637 E ATLANTIC BLVD # 16396
City-St-Zip: POMPANO BEACH, FL 33062

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: MAX LEVINE P 08/11/2011

Electronic Signature of Signing Officer or Director — Date