2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000000349

Entity Name: ACP MEDICAL SUPPLY CORPORATION OF CALIFORNIA

FILED Jan 16, 2012 Secretary of State

Current Principal Place	of Business:	New Principal Place of	New Principal Place of Business:	
4850 JOULE STREET SUITE A-1 RENO, NV 89502				
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
10910 DOMAIN DR. STE 300 AUSTIN, TX 78758				
FEI Number: 33-0974655	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			New Registered Agent:	
CORPORATION SERVICE 1201 HAYS STREET TALLAHASSEE, FL 3230				
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 Ager	nt	Date	
OFFICERS AND DIRECT	ORS:			

Title:

Name: HODIN, ZLATKO

Address: 4850 JOULE STREET #A-1

City-St-Zip: RENO, NV 89502

Title: SD

Name: MCHENRY, GEORGE E Address: 10910 DOMAIN DR STE 300

City-St-Zip: AUSTIN, TX 78758

Title:

Name: RICKERTS, ANTONY
Address: 4850 JOULE STREET #A-1

City-St-Zip: RENO, NV 89502

Title: DCEO

Name: KIRK, THOMAS F

Address: 10910 DOMAIN DR STE 300

City-St-Zip: AUSTIN, TX 78758

Title: AS

Name: MEISTER, LOUIS J

Address: 10910 DOMAIN DR STE 300

City-St-Zip: AUSTIN, TX 78758

Title: AS

Name: HOFMEISTER, THOMAS C Address: 10910 DOMAIN DR STE 300 City-St-Zip: AUSTIN, TX 78758

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: LOUIS J MESTIER AS 01/16/2012