


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2006 8:00 am
Secretary of State

08-22-2006 90028 024 ***550.00

DOCUMENT # F91642 1. Entity Name AMERICAN HOSPITAL SUPPLY, INC.	
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Principal Place of Business 106 COMMERCE STREET STE #104 LAKE MARY, FL 32746	Mailing Address 106 COMMERCE STREET STE #104 LAKE MARY, FL 32746
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50025877



2. Principal Place of Business 1060 Matland Center Com. Suite, Apt. #, etc. Suite 149 City & State Matland FL Zip 32751 Country USA	3. Mailing Address 1060 Matland Center Com. Suite, Apt. #, etc. Suite 149 City & State Matland FL Zip 32751 Country USA
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07052006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2203969	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ANDERSEN, BRUCE D 106 COMMERCE STREET, STE 104 LAKE MARY, FL 32746

7. Name and Address of New Registered Agent Name Anderson, Bruce Street Address (P.O. Box Number is Not Acceptable) 1060 Matland Center Common Suite 149 City Matland, FL Zip Code 32751

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

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ANDERSEN, BRUCE D 106 COMMERCE ST, #104 LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Anderson, Bruce D 1060 Matland Center Com. #149 Matland, FL 32751 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSEN, C. WESLEY 106 COMMERCE STREET #104 LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Anderson, C. Wesley 1060 Matland Center Com #149 Matland, FL 32751 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDERSEN, SALLY J 106 COMMERCE STREET #104 LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Anderson, Sally J 1060 Matland Center Com #149 Matland, FL 3 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  (NOTE: Registered Agent signature required when reinstating) DATE Daytime Phone #