


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000004926
1. Entity Name
CDS MEDICAL SUPPLIES, INC.



Principal Place of Business 3030 HORSESHOE DRIVE S 200 NAPLES, FL 34104 US	Mailing Address 3030 HORSESHOE DRIVE S 200 NAPLES, FL 34104 US
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02112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0760349	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIELDS, ALAN B
3030 HORSESHOE DRIVE SOUTH SUITE 200
NAPLES, FL 34104

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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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000136783
04/28/04-80100-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PETERSON, BRENT 3030 HORSESHOE DRIVE SOUTH SUITE 200 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FIELDS, ALAN B 3030 HORSESHOE DRIVE SOUTH SUITE 200 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERIE, ELROY E 3030 HORSESHOE DRIVE SOUTH SUITE 200 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 exemption stated in Section 119.07(3)(i), 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:  BRENT PETERSON, PRESIDENT APRIL 26, 2004 239.430.5007