


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90165 025 \*\*\*150.00

**DOCUMENT # F97000004926**

1. Entity Name  
**CDS MEDICAL SUPPLIES, INC.**



Principal Place of Business      Mailing Address  
**3030 HORSESHOE DRIVE S**      **3030 HORSESHOE DRIVE S**  
**200**      **200**  
**NAPLES, FL 34104 US**      **NAPLES, FL 34104 US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



01072005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0760349**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

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

Name: **Antonio Faga**  
 Street Address (P.O. Box Number is Not Acceptable): **7955 Airport Road North**  
**Suite 101**  
 City: **Naples**      FL      Zip Code: **34109**

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: *Antonio Faga*      DATE: **4/26/05**

Signature, typed or printed name of registered agent and title if applicable. (Not a registered agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PETERSON, BRENT 3030 HORSESHOE DRIVE SOUTH SUITE 200 NAPLES, FL 34104 <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	DV FIELDS, ALAN B 3030 HORSESHOE DRIVE SOUTH SUITE 200 NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>0</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERIE, ELROY E 3030 HORSESHOE DRIVE SOUTH SUITE 200 NAPLES, FL 34104 <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	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Lowell Fisher</b> <b>3030 Horseshoe Dr S #200</b> <b>Naples FL 34104</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Ronald Stutzman</b> <b>5580 Estero Blvd.</b> <b> Ft Myers Beach FL 33931</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>James Posterna</b> <b>358 Bayshore Dr.</b> <b>Cape Coral FL 33904</b>

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*      **BRENT PETERSON / PRESIDENT**      **April 26, 2005**      **239.430.5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #