

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Sep 21, 2006  
Secretary of State**

DOCUMENT# F97000004926

Entity Name: CDS MEDICAL SUPPLIES, INC.

**Current Principal Place of Business:**

3030 HORSESHOE DRIVE S  
200  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

3030 HORSESHOE DRIVE S  
200  
NAPLES, FL 34104 US

**New Mailing Address:**

FEI Number: 65-0760349      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FAGA, ANTONIO  
7955 AIRPORT RD N  
SUITE 101  
NAPLES, FL 34109 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: DP      (X) Delete  
Name: PETERSON, BRENT  
Address: 3030 HORSESHOE DRIVE SOUTH SUITE 200  
City-St-Zip: NAPLES, FL 34104

Title: D      ( ) Delete  
Name: FISHER, LOWELL  
Address: 3030 HORSESHORE DR S #200  
City-St-Zip: NAPLES, FL 34104

Title: D      ( ) Delete  
Name: STUTZMAN, RONALD  
Address: 5580 ESTERO BLVD  
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: D      ( ) Delete  
Name: POSTERNA, JAMES  
Address: 358 BAYSHORE DR  
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LOWELL M. FISHER

D

09/21/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date