

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004926

FILED
Apr 29, 2010
Secretary of State

Entity Name: CDS MEDICAL SUPPLIES, INC.

Current Principal Place of Business:

10061 AMBERWOOD ROAD
FT. MYERS, FL 33913 US

New Principal Place of Business:

Current Mailing Address:

10061 AMBERWOOD ROAD
FT. MYERS, FL 33913 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:

BUSH ROSS REGISTERED AGENT SERVICES, LLC.
1801 NORTH HIGHLAND AVENUE
TAMPA, FL 33602 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: FISHER, LOWELL
Address: 10061 AMBERWOOD ROAD
City-St-Zip: FT. MYERS, FL 33913

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

Title: D
Name: POSTEMA, JAMES
Address: 358 BAYSHORE DR
City-St-Zip: CAPE CORAL, FL 33904

Title: D
Name: MELTON, JOY
Address: 12055 GANDY BLVD #232
City-St-Zip: SAINT PETERSBURG, FL 33702

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: LOWELL FISHER

D

04/29/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date