

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000001274

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** EL MEDICAL SUPPLIES & SERVICES, INC.

**Current Principal Place of Business:**

1075 N. W. 83RD STREET  
# 530366  
MIAMI, FL 33150 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 530366  
MIAMI, FL 331530366 US

**New Mailing Address:**

**FEI Number:** 65-0812464

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323010000 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:** PVST  
**Name:** LIGHTSEY, EDDIE L  
**Address:** PO BOX 530366 - NA  
**City-St-Zip:** MIAMI, FL 331530366 US

**Title:** DC  
**Name:** LIGHTSEY, EDDIE L  
**Address:** PO BOX 530366 - NA  
**City-St-Zip:** MIAMI, FL 331530366 US

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:** EDDIE L. LIGHTSEY

DIR

04/28/2010

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

\_\_\_\_\_  
Date