

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005847

Entity Name: UROMED SUPPLIES, INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

1095 WINDWARD RIDGE PKWY
SUITE 170
ALPHARETTA, GA 30005

New Principal Place of Business:

Current Mailing Address:

1095 WINDWARD RIDGE PKWY
SUITE 170
ALPHARETTA, GA 30005

New Mailing Address:

FEI Number: 58-2215607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BURNS, HERBERT II
1546 BULLBUSH WAY
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

GALLAGHER, JULIE
106 EAST COLLEGE AVENUE
HIGHPOINT CENTER, 12TH FLOOR
TALLAHASSEE, FL 32301 US

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: JULIE GALLAGHER

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: DORMINEY, KEITH B
Address: 5950 LAKESIDE CT.
City-St-Zip: GAINESVILLE, GA 30506

Title: DV () Delete
Name: BURNS, HERBERT C III
Address: 435 LONGWOOD LANE
City-St-Zip: ALPHARETTA, GA 30004

Title: DP () Delete
Name: WEATHERFORD, JAMES A
Address: 256 OVERLOOK ROAD
City-St-Zip: DAWSONVILLE, GA 30534

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:

I hereby certify that the information supplied with this filing does not qualify 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: JAMES A. WEATHERFORD

DP

03/24/2009

Electronic Signature of Signing Officer or Director

Date