

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H41886

1. Entity Name
SUNBELT MEDICAL SUPPLY, INC.



Principal Place of Business
**20 CAPITAL DRIVE
HILTON HEAD, SC 29926-2340 US**

Mailing Address
**C/O CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324**

FILED
Mar 11, 2004 08:00 AM
Secretary of State



02252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2507648

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DILLON, JONATHAN M
SUNBELT MEDICAL SUPPLY, INC-20 CAPITAL DR
HILTON HEAD, SC 29926**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
WALTER, MATTHEW D
SUNBELT MEDICAL SUPPLY, INC-P.O. BOX 300
GALLOWAY, OH 43119**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
JOSEPH, LINDEN P
SUNBELT MEDICAL SUPPLY, INC-P.O. BOX 300
GALLOWAY, OH 43119**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BARKSDALE, STACEY
SUNBELT MEDICAL SUPPLY, INC-20 CAPITAL DR
HILTON HEAD, SC 29926**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000085692
03/11/04-80058-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/04