

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H41886

FILED
Jan 19, 2007
Secretary of State

Entity Name: SUNBELT MEDICAL SUPPLY, INC.

Current Principal Place of Business:

20 CAPITAL DRIVE
HILTON HEAD, SC 299262340 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2507648 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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: C () Delete
Name: WALTER, MATTHEW D
Address: SUNBELT MEDICAL SUPPLY INC- P.O. BOX 8023
City-St-Zip: DUBLIN, OH 43016

Title: P () Delete
Name: JOSEPH, LINDEN P
Address: SUNBELT MEDICAL SUPPLY INC- P.O. BOX 8023
City-St-Zip: DUBLIN, OH 43016

Title: V () Delete
Name: BARKSDALE, STACEY
Address: SUNBELT MEDICAL SUPPLY, INC-20 CAPITAL DR
City-St-Zip: HILTON HEAD, SC 29926

Title: VP (X) Delete
Name: WHITESIDE, JAMES M
Address: SUNBELT MEDICAL SUPPLY INC- P.O. BOX 8023
City-St-Zip: DUBLIN, OH 43016

Title: T () Delete
Name: DOUGHERTY, MARK J
Address: SUNBELT MEDICAL SUPPLY INC- P.O. BOX 8023
City-St-Zip: DUBLIN, OH 43016

Title: VP (X) Delete
Name: GARRITY, JON
Address: SUNBELT MEDICAL SUPPLY INC - PO BOX 8023
City-St-Zip: DUBLIN, OH 43016

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
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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: LINDEN P JOSEPH

P

01/19/2007

Electronic Signature of Signing Officer or Director

_____ Date