

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H41886

FILED
Jan 19, 2009
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
1203 GOVERNORS SQUARE BLVD, STE. 101
TALLAHASSEE, FL 32301

New Mailing Address:

PO BOX 8023
DUBLIN, OH 430162023 US

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
1203 GOVERNORS SQUARE BLVD, STE. 101
TALLAHASSEE, FL 32301 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: T (X) Delete
Name: DOUGHERTY, MARK J
Address: SUNBELT MEDICAL SUPPLY INC- P.O. BOX 8023
City-St-Zip: DUBLIN, OH 43016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: LINDEN P JOSEPH

P

01/19/2009

Electronic Signature of Signing Officer or Director

Date