

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M31858

FILED  
Mar 09, 2010  
Secretary of State

**Entity Name:** CONTINENTAL HOSPITAL SUPPLY, INC.

**Current Principal Place of Business:**

9240 SUNSET DRIVE  
SUITE 236  
MIAMI, FL 33173 US

**New Principal Place of Business:**

**Current Mailing Address:**

9240 SUNSET DRIVE  
SUITE 236  
MIAMI, FL 33173 US

**New Mailing Address:**

**FEI Number:** 65-0074037      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

ALONSO, ANTONIO  
9240 SUNSET DRIVE  
SUITE 236  
MIAMI, FL 33173 US

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

ALONSO, SUZETTE  
9240 SUNSET DRIVE  
SUITE 236  
MIAMI, FL 33173 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: SUZETTE M. ALONSO      03/09/2010  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: ALONSO, ANTONIO  
Address: 9240 SUNSET DRIVE, SUITE 236  
City-St-Zip: MIAMI, FL 33173

Title: T  
Name: ALONSO, SUZETTE M  
Address: 9240 SUNSET DRIVE, SUITE 236  
City-St-Zip: MIAMI, FL 33173

Title: SEC  
Name: ALONSO, GERARDO A  
Address: 9240 SUNSET DRIVE, SUITE 236  
City-St-Zip: MIAMI, FL 33173

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: SUZETTE M. ALONSO      T      03/09/2010  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date