

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M31858

FILED
Apr 30, 2012
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 ()**

Name and Address of Current Registered Agent:

ALONSO, SUZETTE
9240 SUNSET DRIVE
SUITE 236
MIAMI, FL 33173 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

OFFICERS AND DIRECTORS:

Title: PSD
Name: BEHRENS, ARMANDO J
Address: 9240 SUNSET DRIVE, SUITE 236
City-St-Zip: MIAMI, FL 33173

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

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

Title: TREA
Name: ALONSO, SUZETTE M
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

TREA

04/30/2012

Electronic Signature of Signing Officer or Director

Date