

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000053518

Entity Name: LILLY MEDICAL SUPPLY, INC.

FILED  
Mar 13, 2008  
Secretary of State

## Current Principal Place of Business:

454 N.W. 22 AVE.  
STE. 199  
MIAMI, FL 33125

## New Principal Place of Business:

334 EAST 9 STREET  
HIALEAH, FL 33010

## Current Mailing Address:

454 N.W. 22 AVE.  
STE. 199  
MIAMI, FL 33125

## New Mailing Address:

334 EAST 9 STREET  
HIALEAH, FL 33010

FEI Number: 65-1013173

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BERGOLLA, MARIA  
454 NW 22 AVE  
SUITE 199  
MIAMI, FL 33125 US

## Name and Address of New Registered Agent:

BERGOLLA, MARIA  
334 EAST 9 STREET  
HIALEAH, FL 33010 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: MARIA BERGOLLA

03/13/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BERGOLLA, MARIA  
Address: 454 NW 22 AVE SUITE 199  
City-St-Zip: MIAMI, FL 33125

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BERGOLLA, MARIA  
Address: 334 E 9 STREET  
City-St-Zip: HIALEAH, FL 33010

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: MARIA BERGOLLA

PD

03/13/2008

Electronic Signature of Signing Officer or Director

Date