2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000006968

Entity Name: UNION PHARMACY & MEDICAL SUPPLIES, INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6462 WEST FLAGLER STREET 6456 WEST FLAGLER STREET

MIAMI, FL 33144 MIAMI, FL 33144

Current Mailing Address: New Mailing Address:

6462 WEST FLAGLER STREET 6456 WEST FLAGLER STREET

MIAMI, FL 33144 MIAMI, FL 33144

FEI Number: 65-1069556 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CEPERO, RODOLFO
6462 WEST FLAGLER STREET
6456 WEST FLAGLER STREET

MIAMI, FL 33144 US MIAMI, FL 33144 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: 04/27/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: CEPERO, RODOLFO Name: CEPERO, RODOLFO

Address: 6462 WEST FLAGLER STREET Address: 6456 WEST FLAGLER STREET

City-St-Zip: MIAMI, FL 33144 City-St-Zip: MIAMI, FL 33144

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: RODOLFO CEPERO PD 04/27/2009