


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90055 007 ***150.00

DOCUMENT # P01000078607		
1. Entity Name ALL SERVICE MEDICAL SUPPLY, INC.		

Principal Place of Business 625 SE 2ND AVE SUITE B BOYNTON BEACH, FL 33435	Mailing Address 625 SE 2ND AVE SUITE B BOYNTON BEACH, FL 33435
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44066444

2. Principal Place of Business 906-B South Federal Hwy Suite, Apt. #, etc.	3. Mailing Address 906-B South Federal Hwy Suite, Apt. #, etc.
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01292004 Chg-P CR2E034 (10/03)

City & State BOYNTON BEACH, FL	City & State BOYNTON BEACH, FL
Zip 33435	Country
Zip 33435	Country

4. FEI Number 65-1128321	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent INGUANZO-MARTIN, ROSELIA 406-B SOUTH FEDERAL HIGHWAY BOYNTON BEACH, FL 33435	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 906-B South Federal Highway City BOYNTON BEACH FL Zip Code 33435	
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I, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Roselia Inguanzo-Martin* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D INGUANZO-MARTIN, ROSELIA 625 SE 2ND AVE SUITE B BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Roselia Inguanzo-Martin* 02-02-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #