

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000003623

FILED
Sep 15, 2004
Secretary of State

Entity Name: DL MEDICAL SUPPLIES, INC.

Current Principal Place of Business:

6555 NW 36 ST
STE 204
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

6555 NW 36 ST
STE 204
MIAMI, FL 33166

New Mailing Address:

FEI Number: 04-3587783 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALVO, LUIS M
6555 NW 36 ST STE 204
MIAMI, FL 33166 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CALVO, LUIS M
Address: 6555 NW 36 ST STE 204
City-St-Zip: MIAMI, FL 33166

Title: D () Delete
Name: YANNELLI, DUNIESKY
Address: 6555 NW 36 ST STE 204
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: YANNELLI, DUNIESKY
Address: 6555 NW 36 ST STE 204
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LUIS M. CALVO

D

09/15/2004

Electronic Signature of Signing Officer or Director

_____ Date