

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91211 007 ***150.00

DOCUMENT # P02000003856 1. Entity Name OSCEOLA MEDICAL SUPPLIES & EQUIPMENT, INC.			
Principal Place of Business 2509 TRAPSIDE CT KISSIMMEE, FL 34746		Mailing Address 2204 CARBINE COURT KISSIMMEE, FL 34743	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2509 TRAPSIDE CT Suite, Apt. #, etc.	
City & State Zip Country		City & State Kissimmee, Florida Zip Country 34746 OCCELA	
4. FEI Number 02-0533432		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, ANTONIO 2509 TRAPSIDE CT KISSIMMEE, FL 34746		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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 _____ (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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS GONZALEZ, ANTONIO 2509 TRAPSIDE CT KISSIMMEE, FL 34746	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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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: X Antonio Gonzalez SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/28/04 Daytime Phone #: 407-344-3058	