

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000003856

FILED  
Apr 26, 2006  
Secretary of State

**Entity Name:** OSCEOLA MEDICAL SUPPLIES & EQUIPMENT, INC.

**Current Principal Place of Business:**

2509 TRAPSIDE CT  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

2509 TRAPSIDE CT  
KISSIMMEE, FL 34746

**New Mailing Address:**

**FEI Number:** 02-0533432

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GONZALEZ, ANTONIO  
2509 TRAPSIDE CT  
KISSIMMEE, FL 34746 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPTS ( ) Delete  
Name: GONZALEZ, ANTONIO  
Address: 2509 TRAPSIDE CT  
City-St-Zip: KISSIMMEE, FL 34746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTONIO GONZALEZ

DPTS

04/26/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date