2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 27, 2004 8:00 am Secretary of State 05-27-2004 90014 027 ***150.00

DOCUMENT # P02000014752 1. Entity Name MEYA MEDICAL SUPPLIES, INC.										e.		
Principal Place	e of Business	3	Mailing Add	Mailing Address					0.0001	17 A	• • • • • • • • • • • • • • • • • • • •	
409 W. HALL HALLANDALE				409 W. HALLANDALE BEACH HALLANDALE, FL 33009					240771	114		<u> </u>
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2. Principal Pi	ace of Busin	ess	3. Mailing A	3. Mailing Address								
Suite, Apr. #, etc.			Suite, Ap	Suite, Apt. #, erc.				04152004	Chg-P	CR2E	034 (10/03)	
City & State			Oity & Sta	City & State				4. FEI Numbe 01-059				plied For t Applicable
Zip	Country		Zip	Zip Cour		ltry	7.		of Status Desire	ed 🔲	\$8.75 Add Fee Required	itional
	6. Name	and Address of Curre	nt Registered Ag	ent				'7. Name and	Address of Ne	w Registere	d Agent	
MILLENNIA	A CONSLÌ			- Name E	10) En-	fer pri	5.05	Inc	•		
2630 NE 2 AVENTUR	03 STRÆ		7				00°	P.O. Box Numb	er is Not Accept Omme I	able) A	Bluc	1
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8. The above named entity submits this statement or 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	Signature, ryperi	dir printed riakto giragistare) su	ent and title if applicable	, (NOTE	: Registere	id Apent signature i	required	when reinstating)		DATE		
		FEE IS \$150.00 4 Fee will be \$55	1	ection Campai ust Fund Cont			\$5. Adde	.00 May Be ed to Fees				
10.		OFFICERS AN	ID DIRECTORS		11.			ADDITIONS	CHANGES TO	OFFICERS A	ND DIRECTORS	S IN 11
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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 suppliernental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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: S												
SIGNAT	URE: _	SIGNA TURE AND TYPED O	OR PRINTED NAME OF	SIGNING OFFICER	OF DIREC	TOR			7 · / J	· v / .	Oaytime Phone *	