
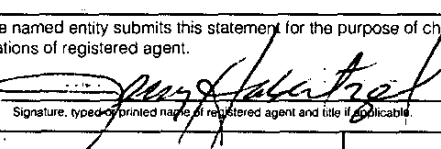
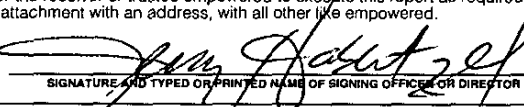


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P02000041151</b> 1. Entity Name <b>ALLMED DISCOUNT SUPPLY, INC.</b>						<b>FILED</b> <b>04 JUN 24 AM 2:56</b> CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>6800 E. ROGERS CIRCLE</b> <b>BOCA RATON, FL 33487 US</b>				Mailing Address <b>6800 E. ROGERS CIRCLE</b> <b>BOCA RATON, FL 33487 US</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>ZIMMERMAN, BARRY D</b> <b>8470 92ND PLACE SOUTH</b> <b>BOYNTON BEACH, FL 33437</b>				7. Name and Address of New Registered Agent Name <b>Jerald L. Hablitzel</b> Street Address (P.O. Box Number is Not Acceptable) <b>6800 E ROGERS CIRCLE</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33487</b>			
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 <b>6-21-04</b>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ZIMMERMAN, BARRY D 8470 92ND PLACE SOUTH BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jerald Hablitzel 12609 OAK RUN COURT BOYNTON BEACH, FL. 33436 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MARGOLIS, MARK 5806 NW 126TH TERRACE CORAL SPRINGS, FL 33076 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIZABETH HABLITZEL 12609 OAK RUN COURT BOYNTON BEACH, FL. 33436 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	100039335914 07/20/04--01027--006 **61.25 <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		
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		
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: 				Date <b>6-21-04</b> 561 Daytime Phone # <b>995-7143</b>			