

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000080773

FILED
Feb 25, 2005
Secretary of State

Entity Name: A & A PHYSICIAN SUPPLY CORP.

Current Principal Place of Business:

4377 S.W. 140TH AVE
DAVIE, FL 33330

New Principal Place of Business:

3265 MERIDIAN PARKWAY
130
WESTON, FL 33331

Current Mailing Address:

4377 S.W. 140TH AVE
DAVIE, FL 33330

New Mailing Address:

3265 MERIDIAN PARKWAY
130
WESTON, FL 33331

FEI Number: 81-0564509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OHFF, ERIC S
4377 SW 140TH AVE
FORT LAUDERDALE, FL 33330 US

Name and Address of New Registered Agent:

OHFF, ERIC S
3265 MERIDIAN PARKWAY
WESTON, FL 33331 US

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:

02/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OHFF, ERIC S
Address: 4377 S.W. 140TH AVE
City-St-Zip: DAVIE, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: OHFF, ERIC S
Address: 3265 MERIDIAN PARKWAY
City-St-Zip: WESTON, FL 33331

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: ERIC OHFF

MR.

02/25/2005

Electronic Signature of Signing Officer or Director

Date