2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2011
Secretary of State

DOCUMENT# P02000104112

Entity Name: INTEGRATED MEDICAL SUPPLIES, INC.

Current Principal Place of Business:

202 S. MAGNOLIA AVE.
SUITE 1
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

PO BOX 1591
OCALA, FL 34478

New Mailing Address:

FEI Number: 11-3655385 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SORRENTINO, JOSEPH
202 S. MAGNOLIA AVE.
SUITE 1
OCALA, FL 34474 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

OFFICERS AND DIRECTORS:

Title: DP
Name: SORRENTINO, JOSEPH
Address: 202 S. MAGNOLIA AVE SUITE 1
City-St-Zip: OCALA, FL 34474

Title: SEC
Name: CAMPO, AARON
Address: 202 S. MAGNOLIA AVE SUITE 1
City-St-Zip: OCALA, FL 34474

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH SORRENTINO DP 02/15/2011

Electronic Signature of Signing Officer or Director — Date