

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000112676

Entity Name: CCLL MEDICAL SUPPLIES, INC.

FILED
May 25, 2009
Secretary of State

Current Principal Place of Business:

514 LAKESIDE CIRCLE
SUNRISE, FL 33326

New Principal Place of Business:

Current Mailing Address:

514 LAKESIDE CIRCLE
SUNRISE, FL 33326

New Mailing Address:

FEI Number: 52-2384584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEON-LAURENT, MARIO
514 LAKESIDE CIRCLE
SUNRISE, FL 33326 US

Name and Address of New Registered Agent:

LEON-LAURENT, MARIO
3731 NW 115 TERRACE
SUNRISE, FL 33323 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: _____

Electronic Signature of Registered Agent

05/25/2009

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEON-LAURENT, MARIO
Address: 514 LAKESIDE CIRCLE
City-St-Zip: SUNRISE, FL 33326

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 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: MARIO LEON-LAURENT

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05/25/2009

Electronic Signature of Signing Officer or Director

Date