

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000112676

FILED
Mar 10, 2012
Secretary of State

Entity Name: CCLL MEDICAL SUPPLIES, INC.

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
3731 NW 115 TERRACE
SUNRISE, FL 33323 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: P
Name: LEON-LAURENT, MARIO
Address: 514 LAKESIDE CIRCLE
City-St-Zip: SUNRISE, FL 33326

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: MARIO LEON-LAURENT

P

03/10/2012

Electronic Signature of Signing Officer or Director

Date