

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000126961

FILED
Jan 07, 2006
Secretary of State

Entity Name: MERIDIAN HEALTHCARE DISTRIBUTORS, INC.

Current Principal Place of Business:

3265 MERIDIAN PARKWAY
130
WESTON, FL 33331

New Principal Place of Business:

14720 NW 24TH COURT
OPA-LOCKA, FL 33054

Current Mailing Address:

3265 MERIDIAN PARKWAY
130
WESTON, FL 33331

New Mailing Address:

6824 SW 10TH STREET
PEMBROKE PINES, FL 33023

FEI Number: 45-0494840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DE CUBAS, TERRI L
2740 LAKE JOSEPHINE DRIVE
SEBRING, FL 33875 US

Name and Address of New Registered Agent:

DE CUBAS, TERRI L
6824 SW 10TH STREET
PEMBROKE PINES, FL 33023 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: _____

01/07/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DE CUBAS, TERRI L
Address: 2740 LAKE JOSEPHINE DRIVE
City-St-Zip: SEBRING, FL 33875

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DE CUBAS, TERRI L
Address: 6824 SW 10TH STREET
City-St-Zip: PEMBROKE PINES, FL 33023

I hereby certify that the information supplied with this filing does not qualify for the 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: TERRI L. DE CUBAS

P

01/07/2006

Electronic Signature of Signing Officer or Director

Date