

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000129026

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: UNIQUE MEDICAL SUPPLIES, INC.

## Current Principal Place of Business:

7380 CENTRAL INDUSTRIAL CIR.  
RIVIERA BEACH, FL 33404 US

## New Principal Place of Business:

51 SW 5TH AVE  
DELRAY BEACH, FL 33444 US

## Current Mailing Address:

4012 LAKE TAHOW CIRCLE  
WEST PALM BEACH, FL 33409 US

## New Mailing Address:

4012 LAKE TAHOE CIRCLE  
WEST PALM BEACH, FL 33409 US

FEI Number: 42-1564924

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POITIER, SHAUNICO  
4012 LAKE TAHOW CIRCLE  
WEST PALM BEACH, FL 33409 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ALIANCIN, ISAAC  
Address: 909 RICH DRIVE APT 104  
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: D ( ) Delete  
Name: THOMAS, EDDY  
Address: 2754 LANTANA ROAD, APT. 205  
City-St-Zip: LANTANA, FL 33462 US

Title: D ( ) Delete  
Name: POITIER, SHAUNICO  
Address: 5832 DEWITT PLACE  
City-St-Zip: LANTANA, FL 33463

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ALIANCIN, ISAAC  
Address: 4012 LAKE TAHOE CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: POITIER, SHAUNICO  
Address: 4012 LAKE TAHOE CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33409

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: ISAAC ALIANCIN

D

04/28/2005

Electronic Signature of Signing Officer or Director

Date