

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

3. **FILED**
May 02, 2005 8:00 am
Secretary of State

03-23-2005 90037 047 ***150.00

DOCUMENT # P03000008900

1. Entity Name

RELIANCE MEDICAL WHOLESALE, INC.



Principal Place of Business

**7175 SOUTHWEST 47 STREET
SUITE 208
MIAMI, FL 33155**

Mailing Address

**7175 SOUTHWEST 47 STREET
SUITE 208
MIAMI, FL 33155**

66014331



DO NOT WRITE IN THIS SPACE

03152005 No Chg-P CR2E034 (10/03)

4. FEI Number

11-3675776

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/5/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	NAVARRO, PAMELA W
STREET ADDRESS	14710 SW 151 TERR
CITY - ST - ZIP	MIAMI, FL 33198
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05
DATE

Daytime Phone #