2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000008900

Entity Name: RELIANCE MEDICAL WHOLESALE, INC.

FILED Mar 18, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
9655 SOUTH SUITE 300 MIAMI, FL 33		IGHWAY			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
9655 SOUTH SUITE 300 MIAMI, FL 33		IGHWAY			
FEI Number: 11	-3675776	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
HUGHES, JO MCLUSKEY 8 THE BARRIS MIAMI, FL 33	& MCDO TER BLI	NALD, P.A. DG., 8821 S.W. 69TH COURT			
The above na in the State of		ty submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE:					
Electronic Signature of Registered Agent			ent	Date	
Election Campa	ign Finan	cing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
	STD AVARRO,	()Delete PAMELA W	Title: Name:	() Change () Addition	

9858 SW 94 TERRACE Address: Address: City-St-Zip: MIAMI, FL 33176 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: PAMELA NAVARRO **PSTD** 03/18/2009