

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000023368

**FILED**  
**May 18, 2006**  
**Secretary of State****Entity Name:** AXESS MEDICAL SUPPLY AND EQUIPMENT INC.**Current Principal Place of Business:**6850 SW 24 ST  
SUITE 403  
MIAMI, FL 33155**New Principal Place of Business:****Current Mailing Address:**6850 SW 24 ST  
SUITE 403  
MIAMI, FL 33155**New Mailing Address:****FEI Number:** 35-2198017**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**GARCIA, CRISTOBAL  
1660 SW 14 ST  
MIAMI, FL 33145 US**Name and Address of New Registered Agent:**CASTILLO, LAZARO D  
1401 W 29TH ST  
B21  
HIALEAH, FL 33012 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: LAZARO D CASTILLO

05/18/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PST ( ) Delete  
**Name:** GARCIA, CRISTOBAL C  
**Address:** 6850 SW 24 ST, SUITE 403  
**City-St-Zip:** MIAMI, FL 33155**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PST (X) Change ( ) Addition  
**Name:** CASTILLO, LAZARO D  
**Address:** 6850 SW 24 ST, SUITE 403  
**City-St-Zip:** MIAMI, FL 33155

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: LAZARO D CASTILLO

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05/18/2006

Electronic Signature of Signing Officer or Director

Date