## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000029973

Name:

Address: City-St-Zip: DRAZEN, LORI

156 HARSTON COURT

HEATHROW, FL 32746

Entity Name: D MEDICAL FOLIPMENT CORPORATION

FILED Mar 20, 2006 Secretary of State

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Current P	rincipal Place	e of Business:	New Princ	New Principal Place of Business:		
	OHNS PARK) ), FL 32771	WAY		501 GORDON STREET SANFORD, FL 32771		
Current M	lailing Addres	ss:	New Mailii	New Mailing Address:		
3850 ST. JOHNS PARKWAY SANFORD, FL 32771				156 HARSTON COURT HEATHROW, FL 32746		
FEI Number:	74-3087637	FEI Number Applied For ( )	FEI Number Not Appli	cable ( ) Certificate of Status Desire	ed ( )	
Name and	Address of (	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
156 HARS HEATHRO The above	e of Florida.		purpose of changing it	s registered office or registered agent,	or both,	
0.0		nic Signature of Registered A	gent	Date		
Election Car	npaign Financin	g Trust Fund Contribution ( ).				
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D ( DRAZEN, STE 156 HARSTON HEATHROW, F	COURT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D ( DRAZEN, AND 156 HARSTON HEATHROW, F	COURT	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition DRAZEN, ALAN 156 HARSTON COURT HEATHROW, FL 32746		
Title:	D (	) Delete	Title:	( ) Change ( ) Addition		

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.

Name:

Address:

City-St-Zip:

SIGNATURE: STEVEN DRAZEN D 03/20/2006