2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P03000040847

Entity Name: FLORIDA MEDICAL & ORTHOPEDIC SUPPLY, INC.

Current Principal Place of Business:

1800 W 49TH STREET
332
HIALEAH, FL 33012 US

New Principal Place of Business:

101 N STATE RD 7
111
MARGATE, FL 33063 US

Current Mailing Address:

1800 W 49TH STREET
332
HIALEAH, FL 33012 US

New Mailing Address:

101 N STATE RD 7
115
MARGATE, FL 33063 US

FEI Number: 75-3112737 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARAGON, IVETTE
1800 W 49TH STREET
332
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

ELENIA, FIGUEROA
101 N STATE RD 7
SUITE 111
MARGATE, FL 33063 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: ELENIA FIGUEROA 04/27/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ARAGON, IVETTE
Address: 2005 SW 85TH AVE
City-St-Zip: MIAMI, FL 33155 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FIGUEROA, ELENIA
Address: 101 N STATE RD 7
City-St-Zip: MARGATE, FL 33063 US

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: ELENIA FIGUEROA PRES 04/27/2005
Electronic Signature of Signing Officer or Director Date