

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000055705

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

**Entity Name:** SAV-ON MEDICAL SUPPLIES, INC.

**Current Principal Place of Business:**

760 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

760 PONCE DE LEON BVLD  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 16-1670700

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BRACERAS, WILFRED  
760 PONCE DE LEON  
MIAMI, FL 33134 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BRACERAS, WILFRED  
Address: 760 PONCE D LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33134

Title: D  
Name: BRACERAS, ELIZABETH  
Address: 760 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: WILFRED BRACERAS

PRES

01/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date