

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000061902

**FILED**  
**Mar 03, 2012**  
**Secretary of State**

**Entity Name:** QUANTUM MEDICAL SUPPLY INC.

**Current Principal Place of Business:**

1860 OLD OKEECHOBEE RD., STE. 106  
WEST PALM BEACH, FL 33406 US

**New Principal Place of Business:**

1860 OLD OKEECHOBEE RD.  
SUITE 106  
WEST PALM BEACH, FL 33406 US

**Current Mailing Address:**

1860 OLD OKEECHOBEE RD., STE. 106  
WEST PALM BEACH, FL 33406 US

**New Mailing Address:**

FEI Number: 58-2672225      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ELBLONK, IRA H  
1030 LAKE AVE.  
LAKE WORTH, FL 33460 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: P  
Name: VETRANO, MARC J  
Address: 820 MACY ST  
City-St-Zip: WEST PALM BEACH, FL 33405

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: MARC VETRANO

OWN

03/03/2012

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

\_\_\_\_\_ Date