

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000080601

FILED
May 05, 2004
Secretary of State

Entity Name: NATIONAL MEDICAL LEASING AND SUPPLIES, INC.

Current Principal Place of Business:

6400 CONGRESS AVE STE 1400
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

6400 CONGRESS AVE STE 1400
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 20-0118516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

MAHOWALD, PAUL
6400 CONGRESS AVE
SUITE 1400
BOCA RATON, FL 33487 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: PAUL MAHOWALD

05/05/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NACHLAS, NATHAN E
Address: 6400 CONGRESS AVE STE 1400
City-St-Zip: BOCA RATON, FL 33487

Title: VSTD () Delete
Name: SCHLOSSER, MARC
Address: 6400 CONGRESS AVE STE 1400
City-St-Zip: BOCA RATON, FL 33487

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: COO () Change (X) Addition
Name: MAHOWALD, PAUL
Address: 6400 CONGRESS AVE, SUITE 1400
City-St-Zip: BOCA RATON, FL 33487

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: PAUL MAHOWALD

COO

05/05/2004

Electronic Signature of Signing Officer or Director

Date