2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# P03000080601

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:

6400 CONGRESS AVE
SUITE # 1400
BOCA RATON, FL 33487

Current Mailing Address:

6400 CONGRESS AVE STE 1400
BOCA RATON, FL 33487

New Mailing Address:

6400 CONGRESS AVE
SUITE # 1400
BOCA RATON, FL 33487

FEI Number: 20-0118516 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

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: SCHOLOSSER, MARC
Address: 6400 CONGRESS AVE STE 1400
City-St-Zip: BOCA RATON, FL 33487

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: PAUL MAHOWALD COO 04/14/2009

Electronic Signature of Signing Officer or Director — Date