

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000093630

FILED
May 16, 2005
Secretary of State**Entity Name:** MARLIN MEDICAL SUPPLIES CORP.**Current Principal Place of Business:**1800 W 49 STREET
324G
HIALEAH, FL 33012**New Principal Place of Business:****Current Mailing Address:**1800 W 49 STREET
324G
HIALEAH, FL 33012**New Mailing Address:****FEI Number:** 43-2027105**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ANGULO, YOAN A
3975 W 8TH CT
HIALEAH, FL 33012 US**Name and Address of New Registered Agent:**OREILLI-BALTAR, GENNY
3975 W 8TH CT
HIALEAH, FL 33012 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: GENNY OREILLI-BALTAR

05/16/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: ANGULO, YOAN A
Address: 3975 W 8TH CT
City-St-Zip: HIALEAH, FL 33012**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: OREILLI-BALTAR, GENNY
Address: 3975 W 8TH CT
City-St-Zip: HIALEAH, FL 33012

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: GENNY OREILLI-BALTAR

PD

05/16/2005

Electronic Signature of Signing Officer or Director

Date