



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P03000097329</b> 1. Entity Name <b>I.V. MEDICAL SUPPLIES INC.</b>						<b>FILED</b> JUN -1 AM 11:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA																									
Principal Place of Business <b>3002 SW 24 TERR MIAMI, FL 33145</b>				Mailing Address <b>3002 SW 24 TERR MIAMI, FL 33145</b>																											
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																													
City & State		City & State		4. FEI Number 03222003 Chg-P CR2E034 (10/03)		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																									
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																											
6. Name and Address of Current Registered Agent  <b>VICENS, ISABEL 3002 SW 24 TERR MIAMI, FL 33145</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																											
8. 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. I am familiar with, and accept the obligations of registered agent.																															
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																															
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																									
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																											
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																															
<b>SIGNATURE:</b> <u>Isabel Vicens</u> <span style="float: right;">05-28-04 (305) 605-4512</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																															

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