

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91054 047 \*\*\*150.00

**DOCUMENT # P03000117233**

1. Entity Name  
**ANDREW MEDICAL SUPPLY, INC.**



Principal Place of Business  
~~4445 EAST 16TH AVE.~~  
~~STE 600~~  
**HIALEAH, FL 33012**

Mailing Address  
**4445 EAST 16TH AVE.**  
**STE 600**  
**HIALEAH, FL 33012**

**24065904**



2. Principal Place of Business

**4445 West 16th Ave**

Suite, Apt. #, etc.

**600**

City & State

**HIALEAH FL**

Zip

**33012**

Country

**USA**

3. Mailing Address

**4445 West 16th Ave**

Suite, Apt. #, etc.

**600**

City & State

**HIALEAH FL**

Zip

**33012**

Country

**USA**

04302004

Chg-P

CR2E034 (10/03)

4. FEI Number

**32-0096830**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUEZ, ANDRES**  
**4445 EAST 16TH AVE.**  
**STE 600**  
**HIALEAH, FL 33012**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**4445 West 16th Ave**

**# 600**

City

**HIALEAH**

**FL**

Zip Code

**33012**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**PD**

**RODRIGUEZ, ANDRES**

**4445 EAST 16TH AVE. STE 600**

**HIALEAH, FL 33012**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☒ Change

☐ Addition

**4445 West 16 Ave #600**

**HIALEAH FL 33012**

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ Delete

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STREET ADDRESS

CITY- ST- ZIP

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☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ANDRES RODRIGUEZ**

**4/30/04 (305) 8219088**

Date

Daytime Phone #