2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 23, 2006 8:00 am
Secretary of State
03-23-2006 90016 019 ***150.00

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03202006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000125601

1. Entity Name
#1 MEDICAL SUPPLIES, INC.

Principal Place of Business	Mailing Address
215 S.W. 17TH AVE STE 213 MIAMI, FL 33135	215 S.W. 17TH AVE STE 213 MIAMI, FL 33135

2. Principal Place of Business		3. Mailing Address	
215 SW 17th Ave		215 SW 17th Ave	
Suite, Apt. #, etc.: 308		Suite, Apt. #, etc.: 308	
City & State: MIAMI Florida		City & State: MIAMI Florida	
Zip: 33135	Country	Zip: 33135	Country

4. FEI Number: 20-0361734 — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

IVIRICU, ILEANA C
215 S.W. 17TH AVE STE 213
MIAMI, FL 33135

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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: Ileana C. Ivir[signature] — DATE: 3/20/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ — **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP IVIRICU, GILBERTO 215 S.W. 17TH AVE STE 213 MIAMI, FL 33135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DDS IVIRICU, ILEANA C 215 S.W. 17TH AVE STE 213 MIAMI, FL 33135	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DDV IVIRICU, ILEANA C. 215 SW 17th Ave Ste 308 MIAMI Fl 33135	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ileana C. Ivir[signature] — Date: 3/20/05 — Daytime Phone #: (305) 643-5253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR