2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# P03000125601

Entity Name: #1 MEDICAL SUPPLIES, INC.

Current Principal Place of Business:

215 S.W. 17TH AVE
STE 308
MIAMI, FL 33135

New Principal Place of Business:

110 SW 17 TH AVE
SUITE 1
MIAMI, FL 33135

Current Mailing Address:

215 S.W. 17TH AVE
STE 308
MIAMI, FL 33135

New Mailing Address:

110 SW 17 TH AVE
SUITE 1
MIAMI, FL 33135

FEI Number: 20-0361734 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IVIRICU, ILEANA C
215 S.W. 17TH AVE STE 308
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

IVIRICU, ILEANA C
110 SW 17 TH AVE
SUITE 1
MIAMI, FL 33135 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: ILEANA C. IVIRICU 01/08/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: IVIRICU, GILBERTO
Address: 215 S.W. 17TH AVE STE 308
City-St-Zip: MIAMI, FL 33135

Title: DDV ( ) Delete
Name: IVIRICU, ILEANA C
Address: 215 SW 17TH AVE, STE 308
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: IVIRICU, GILBERTO
Address: 110 SW 17 TH AVE, SUITE 1
City-St-Zip: MIAMI, FL 33135

Title: DDV (X) Change ( ) Addition
Name: IVIRICU, ILEANA C
Address: 110 SW 17 TH AVE, SUITE 1
City-St-Zip: MIAMI, FL 33135

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: GILBERTO IVIRICU DP 01/08/2008
Electronic Signature of Signing Officer or Director Date