
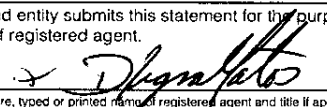
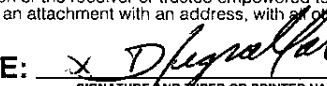


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90074 017 ***150.00

DOCUMENT # P04000000171																											
1. Entity Name LIZY MEDICAL SUPPLIES, INC.																											
Principal Place of Business 9801 NW 13TH AVENUE MIAMI, FL 33147		Mailing Address 9801 NW 13TH AVENUE MIAMI, FL 33147																									
2. Principal Place of Business 10300 SW 72nd Street Suite, Apt. #, etc. Suite 470-G City & State Miami, FL Zip 33173 Country Miami-Dade		3. Mailing Address 10300 SW 72nd Street Suite, Apt. #, etc. Suite 470-G City & State Miami, FL Zip 33173 Country Miami-Dade																									
6. Name and Address of Current Registered Agent LEGRA-MATOS, DANIEL 9801 NW 13TH AVENUE MIAMI, FL 33147		7. Name and Address of New Registered Agent Name - Legra-Matos Daniel Street Address (P.O. Box Number is Not Acceptable) 10300 SW 72nd Street Suite 470-G City Miami FL Zip Code 33173																									
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:  DATE: 4/13/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
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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 or without power of attorney.																											
SIGNATURE: 		DATE: 4/13/04 DAYTIME PHONE: 305-270-0069																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											