## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00. All
Secretary of State

ANNUAL REPURI					20, 2006 0	
DOCUMENT # P04000000			Se	cretary of	Stat	
1. Entity Name LIZY MEDICAL SUPPLIES, INC.						
Principal Place of Business	Mailing Address					
10300 SW 72ND ST., STE 470-G 10300 SW 72ND ST., STE 470 MIAMI, FL 33173 MIAMI, FL 33173		1-G				
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		- Inne	4. FEI Numb		<del></del>	plied For t Applicable
		., .	5. Certificate	of Status Desired	\$8.75 Add	
6. Name and Address of Current R	egistered Agent	T in the		<u> </u>		···
LEGRA-MATOS, DANIEL		DO	NOT W	RITE		
10300 SW 72ND ST., STE 470-G MIAMI, FL 33173	IN THIS SPACE					
			11/4	I IIIO OF	ACE	
The above named entity submits this satement for		ted office as register		the in the State of Cl	reide. Lam tamilias with	and annual
the obligations of registered agent.	tue britbose of changing its register	ad diffice of register	ieo adeití, ni bó	(II, ii) trie Orale Ci (		and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature require:			dunan repatrical	<u> </u>	/(8/06	
Signature, typed or printed name in registered agent at	b tipe il appropose. (MCALL neglation	an Affect afternie technier	a when a temperature)	• •		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.0	Selection Campaign Final     Trust Fund Contribution.		.00 May Be led to Fees			
10. OFFICERS AND D	IRECTORS					
MAME LEGRA-MATOS, DANIEL		]				
STREET ADDRESS 10300 SW 72ND ST., STE 470-G CITY-ST-ZIP MIAMI, FL 33173		1		U000	00518718 16-80021-012	j ₹2.
TITLE	The same that are the same			05/02/0	16-80021-012	150.0
NAME STREET ADDRESS						
CITY-ST-ZIP		j				
TITLE NAME						
STREET ADDRESS			DO	NOT W	/DITE	
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NAME			IN .	THIS SI	PACE	
STREET ADDRESS						
CITY-ST-ZIP	<u></u>	4				
NAME						
STREET ADDRESS		1				

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, two applies like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06 305-270-0069