

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2005 8:00 am
Secretary of State

06-09-2005 90003 012 ***150.00

DOCUMENT # P04000010156

1. Entity Name
MAX MEDICAL SUPPLY, CORP



Principal Place of Business
15321 N.W. 60TH AVENUE
SUITE 107
MIAMI LAKES, FL 33014

Mailing Address
15321 N.W. 60TH AVENUE
SUITE 107
MIAMI LAKES, FL 33014



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06062005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

77-0620395

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TORRES, LUIS
13984 S.W. 25TH TERRACE
MIAMI LAKES, FL 33175

Name Rodolfo Sanchez

Street Address (P.O. Box Number is Not Acceptable)
15321 N.W. 60th Avenue

Suite 107

City

Miami lakes, FL 33014

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-06-2005

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME TORRES, LUIS
STREET ADDRESS 13984 S.W. 25TH TERRACE
CITY-ST-ZIP MIAMI LAKES, FL 33175

TITLE ☐ Change ☒ Addition
NAME Rodolfo Sanchez, PD
STREET ADDRESS 15321 N.W. 60th Avenue
CITY-ST-ZIP Suite 107
Miami lakes, FL 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-06-2005

Date

Day, mo, year