2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2005
Secretary of State

DOCUMENT# P04000016300

Entity Name: CXAXS MEDICAL SUPPLY OF SOUTH WEST FLORIDA, INC.

Current Principal Place of Business:

4673 GERMANY AVE
N PORT, FL 34288

New Principal Place of Business:

4673 GERMANY AVE
NORTH PORT, FL 34288

Current Mailing Address:

4673 GERMANY AVE
N PORT, FL 34288

New Mailing Address:

4673 GERMANY AVE
NORTH PORT, FL 34288

FEI Number: 20-0620138 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY RD
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BARONE, DEANNA J
Address: 4673 GERMANY AVE
City-St-Zip: N PORT, FL 34288

Title: DT ( ) Delete
Name: BARONE, WILLIAM C
Address: 4673 GERMANY AVE
City-St-Zip: N PORT, FL 34288

Title: DV ( ) Delete
Name: BARONE, CYNTHIA M
Address: 4673 GERMANY AVE
City-St-Zip: N PORT, FL 34288

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: BARONE, DEANNA J
Address: 4673 GERMANY AVE
City-St-Zip: NORTH PORT, FL 34288

Title: DT (X) Change ( ) Addition
Name: BARONE, WILLIAM C
Address: 4673 GERMANY AVE
City-St-Zip: NORTH PORT, FL 34288

Title: DV (X) Change ( ) Addition
Name: BARONE, CYNTHIA M
Address: 4673 GERMANY AVE
City-St-Zip: NORTH PORT, FL 34288

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM C. BARONE DT 08/17/2005

Electronic Signature of Signing Officer or Director Date