


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90077 018 \*\*\*150.00

<b>DOCUMENT # P04000022266</b> 1. Entity Name <b>FAMILY MEDICAL SUPPLIES INC.</b>	
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Principal Place of Business <b>2740 BAY SHORE DR. UNIT 15 NAPLES, FL 34112</b>	Mailing Address <b>2740 BAY SHORE DR. UNIT 15 NAPLES, FL 34112</b>
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**66024549**



2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>2682 W 12th Ave</b> Suite, Apt. #, etc.	
City & State		City & State <b>Hialeah, FL</b>	
Zip	Country	Zip	Country
		<b>33010</b>	<b>USA</b>

07072005 Chg-P CR2E034 (10/03)

4. FEI Number <b>51-0497723</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>ORDONEZ, LUIS A 2682 W 12 AVE HIALEAH, FL 33010</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ORDONEZ, LUIS A 2682 W 12 AVE HIALEAH, FL 33010</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V ROQUE, ARACELYS 2682 W 12 AVE HIALEAH, FL 33010</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/08/05 (305) 888-4889  
Date Daytime Phone #



ATTACHMENT P 04000022246  
FAMILY MEDICAL SUPPLIES INC  
2740 BAYSHORE DRIVE, NAPLES, FL 34112  
TEL. (239) 793-5455 – FAX (239) 793-5456

66024549

July 7<sup>th</sup>, 2005

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

FEI#: 51-0497723

To whom it may concern:

We recently received a "Notice of Intent to Dissolve" and immediately called the Division of Corporations. We were told that our submitted form had been rejected due to some missing information, and that a letter requesting to correct the problem within 30 days had been sent to us.

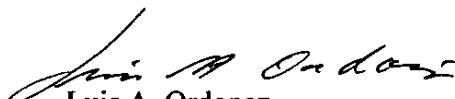
However, we did not receive that letter, and since our check payable to the FL Dept. of State had been cashed, it never occurred to us that our form had been rejected.

Please, excuse our mistake, and consider that our form was submitted and our dues paid on time. We even had our accountant filled out the form to make sure it was completed properly, although this was not accomplished.

We would really appreciate if you can understand our situation and waive the late fee. We will be more careful next time to make sure this does not happen again.

If you have any questions just call us at (305) 888-4889.

Very much grateful,

  
Luis A. Ordonez  
Family Medical Supplies Inc.  
President