

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000034370

**FILED  
Mar 10, 2005  
Secretary of State**

**Entity Name:** GALT MEDICAL SUPPLY, INC.

**Current Principal Place of Business:**

3320 NE 34TH STREET  
FT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

3320 NE 34TH STREET  
FT LAUDERDALE, FL 33308

**New Mailing Address:**

**FEI Number:** 04-3785129      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EISNER, PHYLLIS  
8861 SUNRISE LAKES BLVD  
108  
SUNRISE, FL, FL 33322 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: EISNER, PHYLLIS  
Address: 8861 SUNRISE LAKES BLVD #108  
City-St-Zip: SUNRISE, FL 33322

Title: VP (X) Delete  
Name: BRADLEY, KIMBERLY  
Address: 13976 SPARROW HAWK DR  
City-St-Zip: LOCKEFORD, CA 95237

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PHYLLIS EISNER

P

03/10/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date