2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 02, 2006
Secretary of State

DOCUMENT# P04000060019

Entity Name: SUPERIOR MEDICAL SUPPLY INC.

Current Principal Place of Business:

13221 SW 50 ST.
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

13221 SW 50 ST.
MIAMI, FL 33175

New Mailing Address:

FEI Number: 42-1627985 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GESSA, MEDYN M
13221 SW 50 ST.
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

ENRIQUEZ, EMILIO
13221 SW 50 ST.
MIAMI, FL 33175 US

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: EMILIO ENRIQUEZ 11/02/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GESSA, MEDYN M
Address: 13221 SW 50 ST.
City-St-Zip: MIAMI, FL 33175

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: ENRIQUEZ, EMILIO
Address: 13221 SW 50 ST.
City-St-Zip: MIAMI, FL 33175

Title: D ( ) Change (X) Addition
Name: ENRIQUEZ, EMILIO
Address: 13221 SW 50 ST.
City-St-Zip: MIAMI, FL 33175

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: EMILIO ENRIQUEZ PVST 11/02/2006
Electronic Signature of Signing Officer or Director Date