## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000073735

Entity Name: U.S. MEDICAL SUPPLIES, INC.

FILED Jan 05, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

382 NW 120 DRIVE 7660 NOB HILL ROAD CORAL SPRINGS, FL 33071 TAMARAC, FL 33321

Current Mailing Address: New Mailing Address:

 382 NW 120 DRIVE
 7660 NOB HILL ROAD

 CORAL SPRINGS, FL 33071
 TAMARAC, FL 33321

FEI Number: 27-0091400 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HORNE, JAMES
382 NW 120 DRIVE
CORAL SPRINGS, FL 33071 US
HORNE, JAMES
7660 NOB HILL ROAD
TAMARAC, FL 33071 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: 01/05/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: PVP ( ) Delete Name: HORNE, JAMES P

Address: 382 NW 120 DRIVE

City-St-Zip: CORAL SPRINGS, FL 33071

Title: ST ( ) Delete
Name: HORNE, LOUISE A

Address: 382 NW 120 DRIVE City-St-Zip: CORAL SPRINGS, FL 33071

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVP (X) Change ( ) Addition

Name: HORNE, JAMES P

Address: 5761 RIVERSIDE DRIVE #102 City-St-Zip: CORAL SPRINGS, FL 33067

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 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: JAMES P. HORNE PVP 01/05/2006