2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000102121

Current Mailing Address:

Entity Name: TGM2 MEDICAL SUPPLIES, INC.

FILED Apr 20, 2006 Secretary of State

Current Princip	pal Place of Business:	New Principal Place of Business

15371 ROOSERVELT BLVD 15375 ROOSERVELT BLVD SUITE #104 SUITE #300 CLEARWATER, FL 33760 CLEARWATER, FL 33760

15371 ROOSERVELT BLVD 15375 ROOSERVELT BLVD SUITE #104 SUITE #300 CLEARWATER, FL 33760 CLEARWATER, FL 33760

FEI Number: 20-1382204 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

New Mailing Address:

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

MARSH, JAMES N MARSH, JAMES N MR 15375 ROOSERVELT BLVD. 15371 ROOSERVELT BLVD. **SUITE #104** SUITE #300 CLEARWATER, FL 33760 US CLEARWATER, FL 33760 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: JAMES N. MARSH 04/20/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

Name: MARSH, JAMES N Name: MARSH, JAMES N

15371 ROOSERVELT BLVD., SUITE #104 15375 ROOSERVELT BLVD., SUITE #300 Address: Address:

City-St-Zip: CLEARWATER, FL 33760 City-St-Zip: CLEARWATER, FL 33760

PRES () Delete Title: **PRES** (X) Change () Addition Title: HANSON, TODD Name: HANSON, TODD Name:

15371 ROOSERVELT BLVD, SUITE #104 15375 ROOSERVELT BLVD, SUITE #300 Address: Address:

CLEARWATER, FL 33760 CLEARWATER, FL 33760 City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition VP. () Delete VΡ

JODON, TODD JODON, TODD Name: Name:

15371 ROOSERVELT BLVD., SUITE #104 15375 ROOSERVELT BLVD., SUITE #300 Address Address:

City-St-Zip: CLEARWATER, FL 33760 City-St-Zip: CLEARWATER, FL 33760

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 N. MARSH MR. 04/20/2006