

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000106663

FILED
Feb 02, 2005
Secretary of State

Entity Name: PROFESSIONAL MEDICAL SUPPLY, INC.

Current Principal Place of Business:

119 NORTH US HWY. 1
FORT PIERCE, FL 34950 US

Current Mailing Address:

119 NORTH US HWY. 1
FORT PIERCE, FL 34950 US

New Principal Place of Business:

101 NORTH US HWY. 1
SUITE 119
FORT PIERCE, FL 34950 US

New Mailing Address:

101 NORTH US HWY. 1
SUITE 119
FORT PIERCE, FL 34950 US

FEI Number: 36-4557430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEMARIA, JANET
768 S.E ALBATROSS AVE.
PORT SAINT LUCIE, FL 34983 US

Name and Address of New Registered Agent:

WAGNER, ANTHONY E
101 NORTH US HWY. 1
SUITE 119
FORT PIERCE, FL 34950 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: ANTHONY E. WAGNER

02/02/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WAGNER, ANTHONY
Address: 2632 12TH SQUARE S.W
City-St-Zip: VERO BEACH, FL 32968 US

Title: VP () Delete
Name: SCULLIN, COLLEEN M
Address: 1907 S.E HILLMOOR DRIVE #27
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WAGNER, ANTHONY E
Address: 101 NORTH US HWY. 1, SUITE 119
City-St-Zip: FORT PIERCE, FL 34950 US

Title: VP (X) Change () Addition
Name: CHASE, GREGORY R
Address: 101 NORTH US HWY. 1, SUITE 119
City-St-Zip: FORT PIERCE, FL 34950 US

Title: CEO () Change (X) Addition
Name: CHASE, ALPHILD E
Address: 98 SOUTHPOINTE DRIVE
City-St-Zip: FORT PIERCE, FL 34949 US

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: ANTHONY E. WAGNER

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02/02/2005

Electronic Signature of Signing Officer or Director

Date