

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90118 023 ***150.00

DOCUMENT # P04000112834

1. Entity Name
HALLANDALE MEDICAL SUPPLY INC.



Principal Place of Business
**3050 SW COUNTRY CLUB LANE
HALLANDALE, FL 33309**

Mailing Address
**3050 SW COUNTRY CLUB LANE
HALLANDALE, FL 33309**

00029378

2. Principal Place of Business
3060 SW Country Club Lane
Suite, Apt. #, etc.

3. Mailing Address
3060 SW Country Club Lane
Suite, Apt. #, etc.



03042005 Chg-P CR2E034 (10/03)

City & State
Hallandale, FL

City & State
Hallandale, FL

4. FEI Number
34-2011929

Applied For
Not Applicable

Zip
33309

Country

Zip
33309

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHATKIN, MARK
1825 SO OCEAN DR
HALLANDALE, FL 33309**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SHATKHIN, MARK
1825 SO OCEAN DR
HALLANDALE, FL 33309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark Shatkin

Mark SHATKHIN

3-16-05 954 599

3212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #