

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000112834

FILED
Apr 30, 2007
Secretary of State

Entity Name: HALLANDALE MEDICAL SUPPLY INC.

Current Principal Place of Business:

3060 SW COUNTRY CLUB LANE
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

3060 SW COUNTRY CLUB LANE
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 34-2011929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHATKIN, MARK
1825 SO OCEAN DR
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RODRIGUEZ, MIGUEL A
Address: 9915 WEST OKEECHOBEE RD #5-408
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: VPD () Delete
Name: SERPOUHY SUE DAUTIAN,
Address: 3060 SW COUNTRY CLUB LANE
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MIGUEL A RODRIGUEZ

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04/30/2007

Electronic Signature of Signing Officer or Director

Date