

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000113333

**FILED
Mar 06, 2010
Secretary of State**

Entity Name: A QUALITY MEDICAL DISTRIBUTORS, INC.

Current Principal Place of Business:

2160 PALM AVE
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

2160 PALM AVE
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 20-1460905 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CLERO, JOSE
2160 PALM AVE
HIALEAH, FL 33010 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: P
Name: RODIRUGEZ, JUAN C
Address: 2160 PALM AVE
City-St-Zip: HIALEAH, FL 33010

Title: V
Name: RODIRUGEZ, AZALIA
Address: 2160 PALM AVE
City-St-Zip: HIALEAH, FL 33010

Title: S
Name: CLERO, JOSE
Address: 7410 W 30TH LANE
City-St-Zip: HIALEAH, FL 33018

I hereby 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 all other like empowered.

SIGNATURE: JOSE CLERO

S

03/06/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date