

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90071 007 \*\*\*150.00

**DOCUMENT # P04000124582**

1. Entity Name  
SGH MEDICAL SUPPLIES, INC.



Principal Place of Business

Mailing Address

15100 N.W. 67th. Avenue, Suite 200  
Miami Lakes, Florida 33014 ✓

15100 NW 67 AVE  
200  
MIAMI LAKES, FL 33014

**40041620**



01302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
90-0196763

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

RAPPORT, STEPHEN R  
201 ALHAMBRA CIRCLE SUITE 711  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
Blasi, Magin  
15100 N.W. 67th. Avenue, Suite 200 ✓  
Miami Lakes, Florida 33014

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VPD  
Blasi, Fernando  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #