

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000138579

FILED
Jan 03, 2008
Secretary of State

Entity Name: FLORIDA INTERNATIONAL MEDICAL SUPPLIES, INC.

Current Principal Place of Business:

6712 DAIRY RD
ZEPHYRHILLS, FL 33542

New Principal Place of Business:

37227 MEDICAL DRIVE
DADE CITY, FL 33525

Current Mailing Address:

6712 DAIRY RD
ZEPHYRHILLS, FL 33542

New Mailing Address:

37227 MEDICAL DRIVE
DADE CITY, FL 33525

FEI Number: 11-3736778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEON, RAFAEL
6712 DAIRY RD
ZEPHYRHILLS, FL 33542 US

Name and Address of New Registered Agent:

LEON, RAFAEL
37227 MEDICAL DRIVE
DADE CITY, FL 33525 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: RAFAEL J. LEON

01/03/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEON, RAFAEL J
Address: 6712 DAIRY RD
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: V () Delete
Name: LEON, FRANCISCO
Address: 6712 DAIRY RD
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: T () Delete
Name: LEON, LYNNE
Address: 6712 DAIRY RD
City-St-Zip: ZEPHYRHILLS, FL 33542

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEON, RAFAEL J
Address: 37227 MEDICAL DRIVE
City-St-Zip: DADE CITY, FL 33525

Title: V (X) Change () Addition
Name: LEON, FRANCISCO
Address: 37227 MEDICAL DRIVE
City-St-Zip: DADE CITY, FL 33525

Title: T (X) Change () Addition
Name: LEON, LYNNE
Address: 37227 MEDICAL DRIVE
City-St-Zip: DADE CITY, FL 33525

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: RAFAEL J. LEON

P

01/03/2008

Electronic Signature of Signing Officer or Director

Date