


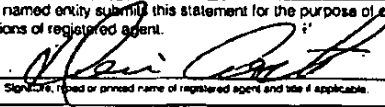

FILED  
Mar 24, 2006 8:00 am  
Secretary of State

03-13-2006 90052 016 \*\*\*150.00

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

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<b>DOCUMENT # P05000007534</b>			
1. Entity Name <b>HEMISPHERE MEDICAL SUPPLIES, INC.</b>			
Principal Place of Business <b>2780 S.W. 37TH AVENUE #100 MIAMI, FL 33133</b>		Mailing Address <b>2780 S.W. 37TH AVENUE #100 MIAMI, FL 33133</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>ACOSTA, DENNIS 2780 S.W. 37TH AVENUE #100 MIAMI, FL 33133</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  DATE <b>03-09-06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> 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	<b>D ACOSTA, DENNIS 2780 S.W. 37TH AVENUE #100 MIAMI, FL 33133</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		DATE: <b>03-09-06</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	



ATTACHMENT

66006962

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 15, 2006

HEMISPHERE MEDICAL SUPPLIES, INC.  
2780 S.W. 37TH AVENUE  
#100  
MIAMI, FL 33133

Subject: **HEMISPHERE MEDICAL SUPPLIES, INC.**

Reference Number: **P05000007534**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH  
ANNUAL REPORTS SECTION