## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000022617

FILED Mar 10, 2006 Secretary of State

Entity Name: NORTH FLORIDA MEDICAL SALES AND RENTALS OF GAINESVILLE, INC.

Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:		
	2ND AVENUE				
SUITE P GAINESVIL	LE, FL 32607	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
347 S.W. MAIN BOULEVARD LAKE CITY, FL 32025		347 S.W. MAIN BOULE SUITE 101 LAKE CITY, FL 32025			
FEI Number:	21-3185784	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
347 S.W. M LAKE CITY The above	named entity s	8	urpose of changing its registered	d office or registered agent, or both,	
347 S.W. M LAKE CITY The above in the State	IAIN BOULEVA , FL US named entity s of Florida.	8	urpose of changing its registered	d office or registered agent, or both,	
347 S.W. M LAKE CITY The above	MAIN BOULEVA F, FL US named entity s of Florida.	S ubmits this statement for the po			
347 S.W. M LAKE CITY The above in the State SIGNATUR	MAIN BOULEVA F, FL US named entity s of Florida. RE: Electroni	8		d office or registered agent, or both,  Date	
347 S.W. M LAKE CITY The above In the State SIGNATUR	MAIN BOULEVA F, FL US named entity s of Florida. RE: Electroni	ubmits this statement for the put ic Signature of Registered Age Trust Fund Contribution ( ).	nt		
347 S.W. M LAKE CITY The above In the State SIGNATUR	MAIN BOULEVAR, FL US  named entity so of Florida.  RE:  Electronic paign Financing  S AND DIRECT	ubmits this statement for the puric Signature of Registered Age Trust Fund Contribution ( ).  FORS:  Delete  MES S  BOULEVARD	nt  ADDITIONS/CHANGE	Date	

I hereby certify that the information supplied with this filing does not qualify for the 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: SID D. RUSSELL VP 03/10/2006