## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000022617

FILED Aug 19, 2008 Secretary of State

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

Current Principal Place of Business:			New Principal Place	e of Business:	
3601 S.W. SUITE P	2ND AVENUE				
	LE, FL 32607	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
347 S.W. MAIN BOULEVARD SUITE 101 LAKE CITY, FL 32025			3601 S.W. 2ND AVE SUITE P GAINESVILLE, FL 3:		
FEI Number:	20-3185784	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
347 S.W. M LAKE CITY The above in the State	named entity so of Florida.		rpose of changing its register	ed office or registered agent, or both,	
SIGNATUF		c Signature of Registered Ager	nt	Date	
Election Can		Trust Fund Contribution ( ).		Bute	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () [ MIDDLETON, JA 347 S.W. MAIN E LAKE CITY, FL	BOULEVARD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	RUSSELL, SÌD D	AVENUE, SUITE P	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: SID D. RUSSELL VP 08/19/2008