

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000022617

FILED
Jul 20, 2011
Secretary of State

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

Current Principal Place of Business:

6604 NW 9TH BLVD.
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

6604 NW 9TH BLVD.
GAINESVILLE, FL 32605 US

New Mailing Address:

FEI Number: 20-3185784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSELL, SID D
6604 NW 9TH BOULEVARD
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: MIDDLETON, JAMES S
Address: 347 S.W. MAIN BOULEVARD
City-St-Zip: LAKE CITY, FL 32025 US

Title: D
Name: RUSSELL, SID D
Address: 6604 NW 9TH BOULEVARD
City-St-Zip: GAINESVILLE, FL 32605 US

I hereby 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 all other like empowered.

SIGNATURE: SID D RUSSELL

VP

07/20/2011

Electronic Signature of Signing Officer or Director

Date