# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 13, 2008**
**Secretary of State**

DOCUMENT# P05000023701

**Entity Name:** ERYS MEDICAL SUPPLYS CORP.

**Current Principal Place of Business:**

1790 WEST 49TH ST
SUITE 305-2
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

1790 WEST 49TH ST
SUITE 305-2
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number: 75-3181540** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DIAZ, SANTA HEREKIA
9015 NW 117 TERRA
HIALEAH GARDENS, FL 33018 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: DIAZ, SANTA HEREKIA
Address: 1790 WEST 49TH ST SUITE 605-2
City-St-Zip: HIALEAH, FL 33012

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: DIAZ, SANTA HEREKIA
Address: 1790 WEST 49TH ST SUITE 305-2
City-St-Zip: HIALEAH, FL 33012

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: SANTA HEREKIA. DIAZ D 01/13/2008

Electronic Signature of Signing Officer or Director — Date