

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000066061

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** CPAP SUPPLIES DIRECT INC.

**Current Principal Place of Business:**

12630 METRO PARKWAY  
FORT MYERS, FL 33966 US

**New Principal Place of Business:**

**Current Mailing Address:**

12630 METRO PARKWAY  
FORT MYERS, FL 33966 US

**New Mailing Address:**

8989 PASEO DE VALENCIA  
FORT MYERS, FL 33966 US

**FEI Number:** 20-2810428

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILITELLO, THOMAS J  
12630 METRO PARKWAY  
FORT MYERS, FL 33966 US

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

MILITELLO, THOMAS J  
8989 PASEO DE VALENCIA ST  
FORT MYERS, FL 33908 US

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

04/27/2011

Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** MILITELLO, THOMAS J  
**Address:** 8989 PASEO DE VALENCIA  
**City-St-Zip:** FORT MYERS, FL 33908

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:** THOMAS J MILITELLO

DP

04/27/2011

Electronic Signature of Signing Officer or Director

Date