

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000085207

FILED
Aug 25, 2006
Secretary of State

Entity Name: ON CALL MEDICAL DISTRIBUTORS, INC.

Current Principal Place of Business:

13005 SOUTHERN BLVD
MEDICAL OFFICE BUILDING 2, SUITE 233
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

13005 SOUTHERN BLVD
MEDICAL OFFICE BUILDING 2, SUITE 233
LOXAHATCHEE, FL 33470

New Mailing Address:

233 S.W. 79 AVE.
MIAMI, FL 33144

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOREJON, ORLANDO
13005 SOUTHERN BLVD
MEDICAL OFFICE BUILDING 2, SUITE 233
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

MOREJON, ORLANDO
233 S.W. 79 AVE
MIAMI, FL 33144 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:

08/25/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOREJON, ORLANDO
Address: 13005 SOUTHERN BLVD, MED BLDG 2, SUITE 223
City-St-Zip: LOXAHATCHEE, FL 33470

Title: V () Delete
Name: MOREJON, ANNMARIE
Address: 13005 SOUTHERN BLVD, MED BLDG 2, SUITE 223
City-St-Zip: LOXAHATCHEE, FL 33470

Title: S () Delete
Name: CASWELL, ELIZABETH
Address: 13005 SOUTHERN BLVD, MED BLDG 2, SUITE 223
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MOREJON, ORLANDO
Address: 233 S.W. 79 AVE.
City-St-Zip: MIAMI, FL 33144

Title: V (X) Change () Addition
Name: MOREJON, ANNMARIE
Address: 233 S.W. 79 AVE.
City-St-Zip: MIAMI, FL 33144

Title: S (X) Change () Addition
Name: CASWELL, ELIZABETH
Address: 233 S.W. 79 AVE.
City-St-Zip: MIAMI, FL 33144

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: ORLANDO MOREJON

P

08/25/2006

Electronic Signature of Signing Officer or Director

Date