2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000091986 FILED 1. Entity Name ANDY MEDICAL SUPPLY INC. 07 MAY -3 PM 2: 24 Principal Place of Business Mailing Address SECRETARY OF STATE 15321 NW 60 AVE STE 107 TALLAHASSEE, FLORIDA 15321 NW 60 AVE STE 107 MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 05012007 Chg-P City & State City & State 4 FELNumber Applied For 56-2525438 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEREZ, YANET 15321 NW 60 AVE STE 107 Street Address (P.O. Box Number is Not Acceptable) MIAMI LAKES, FL 33014 City Zip Code only suprilis this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named the obligations of SIGNATURE_ Signature. (NOTE: Registered Agent signature required when reinstating) Thame of registered agent and tale if applicable. DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, PD TITLE □ Delete TITLE Addition ☐ Change NAME PEREZ, YANET NAME STREET ADDRESS 15321 NW 60 AVE STE 107 STREET ADDRESS MIAMI LAKES, FL 33014 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z.P TITLE □ Delete TITLE Change ■ Addition 800102233548 05/14/07--01003--021 **150.00 NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied mental peport is true and accurate and that my 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 true like empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. **SIGNATURE:** AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytme Phone