

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000111256

FILED  
Apr 20, 2006  
Secretary of State

Entity Name: SOUTHERNMOST MEDICAL SUPPLY INC.

## Current Principal Place of Business:

6365 TAFT STREET SUITE 3005  
HOLLYWOOD, FL 33024

## New Principal Place of Business:

6651 MALONE AVENUE  
SUITE #A-1  
KEY WEST, FL 33040

## Current Mailing Address:

6365 TAFT STREET SUITE 3005  
HOLLYWOOD, FL 33024

## New Mailing Address:

FEI Number: 25-1923358      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BURGOS, DAVID  
6365 TAFT STREET SUITE 3005  
HOLLYWOOD, FL 33024      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: V ( ) Delete  
Name: BURGOS, DAVID  
Address: 6365 TAFT STREET SUITE 3005  
City-St-Zip: HOLLYWOOD, FL 33024

Title: P ( ) Delete  
Name: SANABRIA, GILBERT  
Address: 6365 TAFT STREET SUITE 3005  
City-St-Zip: HOLLYWOOD, FL 33024

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GILBERT SANABRIA

DP

04/20/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date