

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000111256

FILED
Apr 16, 2008
Secretary of State

Entity Name: SOUTHERNMOST MEDICAL SUPPLY INC.

Current Principal Place of Business:

6651 MALONEY AVENUE
UNIT # 2
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

6651 MALONEY AVE
UNIT # 2
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 25-1923358

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURGOS, DAVID
6651 MALONEY AVENUE
UNIT # 2
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

AVILA, ATALIER M
4430 NW 201 TERRACE
CAROL CITY, FL 33055 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: ATALIER M. AVILA

04/16/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BURGOS, DAVID
Address: 6651 MALONEY AVE UNIT # 2
City-St-Zip: KEY WEST, FL 33040

Title: V (X) Delete
Name: SANABRIA, GILBERT III
Address: 7150 COOLIDGE STREET
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AVILA, ATALIER M
Address: 4430 NW 201 TERRACE
City-St-Zip: CAROL CITY, FL 33055

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

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: ATALIER M. AVILA

P

04/16/2008

Electronic Signature of Signing Officer or Director

Date