2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2010
Secretary of State

DOCUMENT# P05000120551

Entity Name: LIFE MEDICAL SUPPLIER.COM, INC.

Current Principal Place of Business:

11110 W. OAKLAND PARK BLVD
SUNRISE, FL 33351 US

New Principal Place of Business:

11110 W. OAKLAND PARK BLVD
SUITE 272
SUNRISE, FL 33351 US

Current Mailing Address:

11110 W. OAKLAND PARK BLVD
SUNRISE, FL 33351 US

New Mailing Address:

11110 W. OAKLAND PARK BLVD
SUITE 272
SUNRISE, FL 33351 US

FEI Number: 20-3397230 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ORTEGON, NOHORA
12088 NW 42 STREET
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

ORTEGON, NOHORA
8090 CLEARY BLVD # 901
PLANTATION, FL 33324 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: 01/05/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD
Name: ORTEGON, NOHORA
Address: 8090 CLEARY BLVD #901
City-St-Zip: PLANTATION, FL 33324 US

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: NOHORA ORTEGON MRS. 01/05/2010
Electronic Signature of Signing Officer or Director Date