

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000120551

Entity Name: LIFE MEDICAL SUPPLIER.COM, INC.

FILED
Jan 07, 2011
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

10224 NW 47 STREET
SUNRISE, FL 33351 US

Current Mailing Address:

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

New Mailing Address:

10224 NW 47 STREET
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
8090 CLEARY BLVD # 901
PLANTATION, FL 33324 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

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

01/07/2011

Electronic Signature of Signing Officer or Director

Date