2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State 02-21-2006 90013 042 ***150.00 DOCUMENT # P05000154372 1. Entity Name SL AZ MEDICAL SUPPLY, CORP. DUUZUUZ Principal Place of Business Mailing Address 5647 RODMAN ST 5647 RODMAN ST HOLLYWOOD, FL 33023 HOLLYWOOD, FL 33023 US: 2. Principal Place of Business 3. Mailing Address . . Suite, Apt. #, etc. Suite, Apt. #, etc. 02162008 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 57-1226615 Not Applicable Zφ Country Zin \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Rec istered Agent 6. Name and Address of Current Registered Agent ... Manuel Gonzalez CAMEJO, ORLANDO Street Address (P.O. Box Number is Not Acceptable) 17770 NW 87 CT MIAMI,FL, FL 33018 631 NE 3rd PL City Hialeah 8. The above named entity submits this statement for the gurpose of changing its registered office or registered agent, or both, in the State of Florik a. I am familiar with, and accept the obligations of registered appril 02/15/2006 Manuel Gonzalez Registered Agent SIGNATURE. OVOTE: Recistered Adject signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFIC IRS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11 P.VP ☐ Addition TITLE . O Delete TITLE ☐ Chance GONZALEZ, MANUEL IMME MALE **631 NE 3RD PL** STREET ADDRESS STORET ADDRESS CITY-ST-ZIP HIALEAH, FL 33010 CITY-ST-ZIP ☐ Addition IIILE Oeleta TIRE ☐ Chance: **MAN** HILF STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-SI-78 Change: ☐ Addition ME Delete TITLE HILL MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ■ Add3ion TUDE ☐ Delete HÜLE NAME KALE STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY-ST-ZIP Add Ton Oelete Chance TOLE KALE HALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-DP ☐ Addition ☐ Change Debeta MILE tms NULE !!!! STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. OTY-51-207 12. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119, Florida Statutes: I for their certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oan; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607; Florida Statutes; and that my name repears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other true empowered.

FILED Feb 21, 2006 8:00 am

02/15/2006 (305) 968-7068

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