2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000027544

Entity Name: IC MED SUPPLY INC

FILED Jan 04, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5569-4 BOWDEN RD SUITE # 4 JACKSONVILLE, FL 32216

Current Mailing Address: New Mailing Address:

6536 TODD RD
JACKSONVILLE, FL 32216

5569-4 BOWDEN ROAD
JACKSONVILLE, FL 32216

JACKSONVILLE, FL 32216

FEI Number: 20-4367503 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SALAS, ISRAEL H

6536 TODD RD

JACKSONVILLE, FL FL 32216 US

GAMEZ, CARLOS M

5569-4 BOWDEN ROAD

JACKSONVILLE, FL FL 32216 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: CARLOS M GAMEZ 01/04/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP () Delete Title: PRES (X) Change () Addition

Name: GAMEZ, CARLOS M Name: GAMEZ, CARLOS M

Address: 6700 BOWDEN RD SUITE # 1001 Address: 6700 BOWDEN RD SUITE # 1001 City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32216

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: CARLOS M GAMEZ PRES 01/04/2007