

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000027544

Entity Name: IC MED SUPPLY INC

FILED  
May 21, 2008  
Secretary of State

## Current Principal Place of Business:

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

## Current Mailing Address:

5569-4 BOWDEN ROAD  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

5730 BOWDEN RD  
SUITE # 103  
JACKSONVILLE, FL 32216

## New Mailing Address:

5730 BOWDEN RD  
SUITE # 103  
JACKSONVILLE, FL 32216

FEI Number: 20-4367503

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GAMEZ, CARLOS M  
5569-4 BOWDEN ROAD  
JACKSONVILLE, FL FL 32216 US

## Name and Address of New Registered Agent:

FLORES, ZIPATLY Y  
5730 BOWDEN RD  
SUITE 103  
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: ZIPATLY Y. FLORES

05/21/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: GAMEZ, CARLOS M  
Address: 6700 BOWDEN RD SUITE # 1001  
City-St-Zip: JACKSONVILLE, FL 32216

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: FLORES, ZIPATLY Y  
Address: 5730 BOWDEN RD SUITE 103  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP ( ) Change (X) Addition  
Name: HUERTAS, PERFAY  
Address: 4328 RYE CT  
City-St-Zip: JACKSONVILLE, FL 32259

Title: OFIC ( ) Change (X) Addition  
Name: GAMEZ, CARLOS M  
Address: 2650 DEAN RD # 35  
City-St-Zip: JACKSONVILLE, FL 32216

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: ZIPATLY Y. FLORES

PR

05/21/2008

Electronic Signature of Signing Officer or Director

Date