

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Sep 11, 2008
Secretary of State**

DOCUMENT# P06000027544

Entity Name: IC MED SUPPLY INC

Current Principal Place of Business:

5730 BOWDEN RD
SUITE # 103
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

5730 BOWDEN RD
SUITE # 103
JACKSONVILLE, FL 32216

New Mailing Address:

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

Name and Address of Current Registered Agent:

FLORES, ZIPATLY Y
5730 BOWDEN RD
SUITE 103
JACKSONVILLE, FL FL 32216 US

Name and Address of New Registered Agent:

GAMEZ, CARLOS M
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: CARLOS M GAMEZ 09/11/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GAMEZ, CARLOS M
Address: 5730 BOWDEN RD SUITE 103
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CARLOS M GAMEZ PRE 09/11/2008
Electronic Signature of Signing Officer or Director Date