


FILED
Mar 31, 2008 8:00 am
Secretary of State

03-12-2008 90036 041 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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DOCUMENT # P06000071411		
1. Entity Name INTERNATIONAL HOSPITAL SUPPLY, INC		
Principal Place of Business 209 NE 9TH AVE DEERFIELD BEACH, FL 33441	Mailing Address 209 NE 9TH AVE DEERFIELD BEACH, FL 33441	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HUERTA, JORGE 209 NE 9TH AVE DEERFIELD BEACH, FL 33441		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renewing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.V.P HUERTA, JORGE 209 NE 9TH AVE DEERFIELD BEACH, FL 33441	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC HUERTA, BLANCA 209 NE 9TH AVE DEERFIELD BEACH, FL 33441	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Jorge Huerta</u> <u>3-26-08</u> <u>8053</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

66005424



02052008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4973713	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**