

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000075878

Entity Name: S & H MEDICAL SUPPLY, INC.

FILED
Apr 28, 2007
Secretary of State

Current Principal Place of Business:

390 WEST 42ND STREET
HIALEAH, FL 33012

New Principal Place of Business:

160 NW 176TH STREET
400-3
MIAMI GARDENS, FL 33169

Current Mailing Address:

390 WEST 42ND STREET
HIALEAH, FL 33012

New Mailing Address:

160 NW 176TH STREET
400-3
MIAMI GARDENS, FL 33169

FEI Number: 20-4975334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANABRIA, OMAR
390 WEST 42ND STREET
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

SANABRIA, OMAR
160 NW 176TH STREET
400-3
MIAMI GARDENS, FL 33169 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: OMAR SANABRIA

04/28/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANABRIA, OMAR
Address: 390 WEST 42ND STREET
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SANABRIA, OMAR
Address: 160 NW 176TH STREET SUITE 400-3
City-St-Zip: MIAMI GARDENS, FL 336169

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: OMAR SANABRIA

PD

04/28/2007

Electronic Signature of Signing Officer or Director

Date