

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90056 026 ***150.00

DOCUMENT # P06000078779 1. Entity Name TIMAR MEDICAL SUPPLIES. CORP.			
Principal Place of Business 950 NORTH KROME AVE HOMESTEAD, FL 33030		Mailing Address 950 NORTH KROME AVE HOMESTEAD, FL 33030	
2. Principal Place of Business - No P.O. Box # 950 N Krome Ave.		3. Mailing Address 950 N Krome Ave.	
Suite, Apt. #, etc. 407 B		Suite, Apt. #, etc. 407 B	
City & State Homestead Fl.		City & State Homestead Fl.	
Zip 33030		Zip 33030	
Country Dade		Country Dade	
6. Name and Address of Current Registered Agent LIMATUJ, DERIVER 950 NORTH KROME AVE HOMESTEAD, FL 33030		7. Name and Address of New Registered Agent Name: Marta J. Rivera Street Address (P.O. Box Number is Not Acceptable) 111 N W 3rd St. Homestead Fl. 33030 City: Homestead FL Zip Code: 33030	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: VD NAME: RIVERA, MARTA J STREET ADDRESS: 111 N.W. 3RD ST. CITY-ST-ZIP: HOMESTEAD, FL 33030	<input type="checkbox"/> Delete	TITLE: PD NAME: Marta J. Rivera STREET ADDRESS: 111 N W 3rd St. CITY-ST-ZIP: Homestead Fl. 33030	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: LIMATUJ, DERIBER STREET ADDRESS: 111 N.W. 3RD ST. CITY-ST-ZIP: HOMESTEAD, FL 33030	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Marta J. Rivera</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/30/07</u> Phone: <u>305/548-4234</u>	