


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90392 030 ***150.00

DOCUMENT # P06000086174					
1. Entity Name ORION MEDICAL SALES CORPORATION					
Principal Place of Business 915 NW 133RD AVENUE SUNRISE, FL 33325 US			Mailing Address P.O. BOX 550614 FT LAUDERDALE, FL 33355 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-5101246	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUAREZ, RAFAEL 915 NW 133RD AVENUE SUNRISE, FL 33325			7. Name and Address of New Registered Agent Name <u>Olga Suarez</u> Street Address (P.O. Box Number is Not Acceptable) <u>915 NW 133rd Avenue</u> City <u>Sunrise</u> <u>FL</u> Zip Code <u>33325</u>		
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 <u>Olga M. Suarez, Pres. OLGA M. SUAREZ</u> DATE <u>4/25/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUAREZ, RAFAEL		NAME	Olga Suarez	
STREET ADDRESS	915 NW 133RD AVENUE		STREET ADDRESS	915 NW 133rd Avenue	
CITY-ST-ZIP	SUNRISE, FL 33325		CITY-ST-ZIP	Sunrise, Florida 33325	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Olga M. Suarez</u> <u>OLGA M. SUAREZ</u>			Date <u>4/25/08</u> Daytime Phone # <u>954-846-0636</u>		