2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000103112 04-30-2007 90398 029 ***150.00 1. Entity Name INDEPENDENT MEDICAL DISTRIBUTORS, INC. Principal Place of Business Mailing Address 15315 NW 60TH AVENUE 15315 NW 60TH AVENUE SUITE D SUITE D MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03042007 CR2E034 (12/06) Chg-P City & State City & State FEI Number Applied For <u> 5661959 05</u> Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DE LA VEGA, RAUL R Street Armillass (P.O. Box Number is Not Acceptable) **15315 NW 60TH AVENUE** SUITE D MIAMI LAKES, FL 33014 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent se ್ನು when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE **PVTS** ☐ Delete TITLE Change ☐ Addition DE LA VEGA, RAUL R NAME NAME STREET ADDRESS 8591 NW 186 STREET #113 STREET ADDRESS MIAMI, FL 33015 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-2.3 TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ઋ Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions remained in Chapter 119. Florida Statutes indicated on this report or supplemental report is true and accurate and that my signature shall the vertex can be legal check as if made under the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60. Florida Statutes; and that my real processing the corporation of the receiver or trustee empowered to execute this report as required by Chapter 60. Florida Statutes; and that my real processing the corporation of the receiver or trustee empowered to execute this report as required by Chapter 60. Florida Statutes; and that my real processing the corporation of the receiver of the receiver of the corporation of the receiver of the corporation of the receiver o 'v that the information an officer or director Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered, SIGNATURE

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FILED

Apr 30, 2007 8:00 am Secretary of State