


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90124 022 ***150.00

DOCUMENT # P06000103112			
1. Entity Name INDEPENDENT MEDICAL DISTRIBUTORS, INC.			
Principal Place of Business 15315 NW 60TH AVENUE SUITE D MIAMI LAKES, FL 33014		Mailing Address 15315 NW 60TH AVENUE SUITE D MIAMI LAKES, FL 33014	
2. Principal Place of Business - No P.O. Box # <i>15315 N.W. 60 Avenue</i>		3. Mailing Address <i>15315 NW 60 Avenue</i>	
Suite, Apt. #, etc. <i># 100</i>		Suite, Apt. #, etc. <i># 100</i>	
City & State <i>Miami Lakes</i>		City & State <i>Miami Lakes</i>	
Zip <i>33014</i>	Country <i>Dade</i>	Zip <i>33014</i>	Country <i>Dade</i>
6. Name and Address of Current Registered Agent DE LA VEGA, RAUL R 15315 NW 60TH AVENUE SUITE D MIAMI LAKES, FL 33014		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i># Suite 100</i> City FL Zip Code	
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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS DE LA VEGA, RAUL R 8591 NW 186 STREET #113 MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>4/8/08</i> (305) 403-2212 Daytime Phone #	

40092605



04072008 Chg-P CR2E034 (12/06)

4. FEI Number
56-2613221

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required