

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000103112

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: INDEPENDENT MEDICAL DISTRIBUTORS, INC.

## Current Principal Place of Business:

15315 NW 60TH AVENUE  
SUITE #100  
MIAMI LAKES, FL 33014 US

## New Principal Place of Business:

8004 N.W. 154 STREET  
SUITE #102  
MIAMI LAKES, FL 33016 US

## Current Mailing Address:

15315 NW 60TH AVENUE  
SUITE #100  
MIAMI LAKES, FL 33014 US

## New Mailing Address:

8004 N.W. 154 STREET  
SUITE #102  
MIAMI LAKES, FL 33016 US

FEI Number: 56-2613221

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DE LA VEGA, RAUL R  
15315 NW 60TH AVENUE  
SUITE #100  
MIAMI LAKES, FL 33014 US

## Name and Address of New Registered Agent:

DE LA VEGA, RAUL R  
8004 N.W. 154 STREET  
SUITE #102  
MIAMI LAKES, FL 33016 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:

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVTs ( ) Delete  
Name: DE LA VEGA, RAUL R  
Address: 8591 NW 186 STREET #113  
City-St-Zip: MIAMI, FL 33015

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVTs (X) Change ( ) Addition  
Name: DE LA VEGA, RAUL R  
Address: 8004 N.W. 154 STREET  
City-St-Zip: MIAMI LKES, FL 33016

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: RAUL R. DE LA VEGA

PVTs

04/15/2009

Electronic Signature of Signing Officer or Director

Date