


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90020 037 ***150.00

DOCUMENT # P06000134041

1. Entity Name
GEORGIA MEDICAL SUPPLY, INC.



Principal Place of Business Mailing Address

**3450 W 84 ST
 SUITE #102-C
 HIALEAH, FL 33018**

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 SUITE #102-C
 HIALEAH, FL 33018**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

05012007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

Apply for Not Applicable

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

6. Name and Address of Current Registered Agent

PELAEZ, NOLBERTO
3450 W 84 ST
SUITE #102-C
HIALEAH, FL 33018

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 _____ (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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	PELAEZ, NOLBERTO	
STREET ADDRESS	3450 W 84 ST, SUITE #102-C	
CITY-ST-ZIP	HIALEAH, FL 33018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Signature]* Date: *5/16/07* Daytime Phone #: *305 828 8145*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR