

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000134603

FILED  
Apr 18, 2007  
Secretary of State

Entity Name: RELIABLE MEDICAL SUPPLIES, INC.

## Current Principal Place of Business:

2807 ALWOOD STREET  
NORTH PORT, FL 34286

## New Principal Place of Business:

2564 COMMERCE PARKWAY  
UNIT #2  
NORTH PORT, FL 34289

## Current Mailing Address:

2807 ALWOOD STREET  
NORTH PORT, FL 34286

## New Mailing Address:

2564 COMMERCE PARKWAY  
UNIT #2  
NORTH PORT, FL 34289

FEI Number: 20-5718127

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 US

## Name and Address of New Registered Agent:

PASSAMONTE, DAWN E  
2564 COMMERCE PARKWAY  
UNIT #2  
NORTH PORT, FL 34289 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: DAWN PASSAMONTE

04/18/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PASSAMONTE, DAWN  
Address: 2807 ALWOOD STREET  
City-St-Zip: NORTH PORT, FL 34286

Title: P ( ) Delete  
Name: BRASCH, JOHN  
Address: 2807 ALWOOD STREET  
City-St-Zip: NORTH PORT, FL 34286

Title: V ( ) Delete  
Name: BOYLE, ROBERT O  
Address: 2807 ALWOOD STREET  
City-St-Zip: NORTH PORT, FL 34286

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DAWN PASSAMONTE

DOO

04/18/2007

Electronic Signature of Signing Officer or Director

Date