

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000043436

Entity Name: NE FLORIDA MEDICAL SALES, INC.

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

3390 MAIDEN VOYAGE CIRCLE NORTH
JACKSONVILLE, FL 32257

New Principal Place of Business:

6812 BOB KIRKLAND RD.
MACCLENNY, FL 32063

Current Mailing Address:

3390 MAIDEN VOYAGE CIRCLE NORTH
JACKSONVILLE, FL 32257

New Mailing Address:

6812 BOB KIRKLAND RD.
MACCLENNY, FL 32063

FEI Number: 20-8874040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, MICHAEL
3390 MAIDEN VOYAGE CIRCLE NORTH
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

BROWN, MICHAEL
6812 BOB KIRKLAND
MACCLENNY, FL 32063 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: MCHAELE BROWN

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: BROWN, MICHAEL
Address: 3390 MAIDEN VOYAGE CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP () Delete
Name: BROWN, MICHAEL
Address: 3390 MAIDEN VOYAGE CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: BROWN, MICHAEL
Address: 6812 BOB KIRKLAND RD
City-St-Zip: MACCLENNY, FL 32063

Title: VP (X) Change () Addition
Name: BROWN, MICHAEL
Address: 6812 BOB KIRKLAND
City-St-Zip: MACCLENNY, FL 32063

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: MICHAEL BROWN

DPST

05/01/2008

Electronic Signature of Signing Officer or Director

Date