

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000047707

FILED  
Apr 20, 2012  
Secretary of State

Entity Name: ANA MEDICAL SUPPLY, CORP.

**Current Principal Place of Business:**

15420 S.W. 136TH ST., STE 19  
MIAMI, FL 33196

**New Principal Place of Business:**

**Current Mailing Address:**

15420 S.W. 136TH ST., STE 19  
MIAMI, FL 33196

**New Mailing Address:**

FEI Number: 77-0683055

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MONTESINO, MARIELA  
15420 S.W. 136TH ST., STE 19  
MIAMI, FL 33196 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MONTESINO, MARIELA  
Address: 15420 S.W. 136TH ST., STE 19  
City-St-Zip: MIAMI, FL 33196

Title: VP  
Name: GARCIA, KRYSTAL  
Address: 15420 S.W. 136TH ST., STE 19  
City-St-Zip: MIAMI, FL 33196

Title: D  
Name: FONTE, REYDEL  
Address: 15420 S.W. 136TH ST., STE 19  
City-St-Zip: MIAMI, FL 33196

Title: T  
Name: ABELLA, DEBORAH  
Address: 15420 SW 136TH ST STE 19  
City-St-Zip: MIAMI, FL 33196

I hereby 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 all other like empowered.

SIGNATURE: GARCIA KRYSTAL

VP

04/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date