2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# P08000012053

Entity Name: KISSIMMEE MEDICAL SUPPLY, INC.

Current Principal Place of Business:

961 ARMSTRONG BLVD, STE D
KISSIMMEE, FL 34741 US

New Principal Place of Business:

961 ARMSTRONG BLVD,
STE D
KISSIMMEE, FL 34741 US

Current Mailing Address:

961 ARMSTRONG BLVD, STE D
KISSIMMEE, FL 34741 US

New Mailing Address:

961 ARMSTRONG BLVD,
STE D
KISSIMMEE, FL 34741 US

FEI Number: 26-1874054 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ODELL, TRACY L
3959 ROLLINGSFORD CIRCLE
LAKELAND, FL 33810 US

Name and Address of New Registered Agent:

KOCH, TRACY L
961 ARMSTRONG BLVD
STE D
KISSIMMEE, FL 34741 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: TRACY L KOCH 02/24/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ODELL, ROBERT M
Address: 3959 ROLLINGSFORD CIRCLE
City-St-Zip: LAKELAND, FL 33810 US

Title: D ( ) Delete
Name: ODELL, TRACY L
Address: 3959 ROLLINGSFORD CIRCLE
City-St-Zip: LAKELAND, FL 33810 US

Title: S ( ) Delete
Name: ODELL, KONNI
Address: 3959 ROLLINGSFORD CIRCLE
City-St-Zip: LAKELAND, FL 33810 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ODELL, ROBERT M
Address: 961 ARMSTRONG BLVD
City-St-Zip: KISSIMMEE, FL 34741 US

Title: D (X) Change ( ) Addition
Name: KOCH, TRACY L
Address: 961 ARMSTRONG BLVD
City-St-Zip: KISSIMMEE, FL 34741 US

Title: S (X) Change ( ) Addition
Name: ODELL, KONNI
Address: 961 ARMSTRONG BLVD
City-St-Zip: KISSIMMEE, FL 34741 US

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: KONNI ODELL S 02/24/2009
Electronic Signature of Signing Officer or Director Date