2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000058175

Entity Name: HERMANN MEDICAL SUPPLIES IV INC.

FILED Aug 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6165 PARK BLVD

PINELAS PARK, FL 33781

Current Mailing Address: New Mailing Address:

6165 PARK BLVD PINELAS PARK, FL 33781

FEI Number: 26-2815533 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CAPITOL CORPORATE SERVICES, INC. 155 OFFICE PLAZA DRIVE STE A TALLAHASSEE, FL 32301 US CONTINENTAL FINANCIAL SERVICES INC 10101 FONDREN STE 107 HOUSTON,, FL 77096 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: DR. EDDIE L. WATSON 08/25/2009

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

| Name: | WILLIAMS, MARSHA | Name: | Address: | 19618 GOLDEN WILLOW DR | Address: | City-St-Zip: | KATY, TX 77449 | City-St-Zip: | City-St-Zi

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: MARSHA P. WILLIAMS CEO 08/25/2009