

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000099814

FILED
Apr 22, 2009
Secretary of State

Entity Name: PINELLAS MEDICAL DISTRIBUTORS INC.

Current Principal Place of Business:

13845 U.S. HIGHWAY 19 N.
CLEARWATER, FL 33764 US

New Principal Place of Business:

3001 EASTLAND BLVD.
SUITE #5
CLEARWATER, FL 33761 US

Current Mailing Address:

13845 U.S. HIGHWAY 19 N.
CLEARWATER, FL 33764 US

New Mailing Address:

3001 EASTLAND BLVD.
SUITE #5
CLEARWATER, FL 33761 US

FEI Number: 26-3680805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LANG, DOUGLAS E
1151 SKYE LANE
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

LANG, DENISE E
8205 SOLANO BAY LOOP
APT. 126
TAMPA, FL 33635 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: DENISE E LANG

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: LAWRENCE, VINCENT E
Address: 1730 LAKEWOOD DR. S.
City-St-Zip: ST. PETERSBURG, FL 33712

Title: CFO () Delete
Name: LANG, DOUGLAS E
Address: 1151 SKYE LANE
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LAWRENCE, KAREN
Address: 1730 LAKEWOOD DR. S.
City-St-Zip: ST. PETERSBURG, FL 33712

Title: PRES (X) Change () Addition
Name: LANG, DENISE E
Address: 8205 SOLANO BAY LOOP #126
City-St-Zip: TAMPA, FL 33635

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: DENISE E LANG

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date