

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000108034

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: CRISTIA MEDICAL SUPPLY, INC.

## Current Principal Place of Business:

149 COVE RD.  
GREENACRES, FL 33413 US

## New Principal Place of Business:

6742 FOREST HILL BLVD.  
269  
WEST PALM BEACH, FL 33413 US

## Current Mailing Address:

149 COVE RD.  
GREENACRES, FL 33413 US

## New Mailing Address:

6742 FOREST HILL BLVD.  
269  
WEST PALM BEACH, FL 33413 US

FEI Number: 36-4645337      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRISTIA, CRISTOPHER C  
149 COVE RD.  
GREENACRES, FL 33413 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CRISTIA, MANNY  
Address: 149 COVE RD.  
City-St-Zip: GREENACRES, FL 33413 US

Title: P ( ) Delete  
Name: CRISTIA, MANNY  
Address: 149 COVE RD.  
City-St-Zip: GREENACRES, FL 33413 US

Title: VP ( ) Delete  
Name: CRISTIA, CRISTOPHER C  
Address: 149 COVE RD.  
City-St-Zip: GREENACRES, FL 33413 US

Title: T ( ) Delete  
Name: CRISTIA, GLORIA  
Address: 149 COVE RD.  
City-St-Zip: GREENACRES, FL 33413 US

Title: S ( ) Delete  
Name: CRISTIA, GLORIA  
Address: 149 COVE RD.  
City-St-Zip: GREENACRES, FL 33413 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CRISTOPHER C CRISTIA

VP

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date