

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000108034

FILED
Apr 30, 2012
Secretary of State

Entity Name: CRISTIA MEDICAL SUPPLY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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: CRISTOPHER CRISTIA

VP

04/30/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date