

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000026111

Entity Name: XS MEDICAL SUPPLY, INC.

FILED
Jan 07, 2011
Secretary of State

Current Principal Place of Business:

129 EXECUTIVE CIRCLE
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

129 EXECUTIVE CIRCLE
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 24-4510015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLAUGHLIN, WILLIAM I IV
49 FOXCROFT RUN
ORMOND BEACH, FL 32174 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: DP
Name: MCLAUGHLIN, WILLIAM I IV
Address: 49 FOXCROFT RUN
City-St-Zip: ORMOND BEACH, FL 32174

Title: DV
Name: MCLAUGHLIN, ANGELA SUE
Address: 1051 N HERMITAGE AVE UNIT 1
City-St-Zip: CHICAGO, IL 60622

Title: DST
Name: MCLAUGHLIN, ASHLEIGH ARIAN
Address: 49 FOXCROFT RUN
City-St-Zip: ORMOND BEACH, FL 32174

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: ASHLEIGH MCLAUGHLIN

DST

01/07/2011

Electronic Signature of Signing Officer or Director

Date