

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000003567

Entity Name: HMD MEDICAL SUPPLY, INC.

FILED
Feb 08, 2011
Secretary of State

Current Principal Place of Business:

5101 NW 79TH AVE STE 8
DORAL, FL 33166

New Principal Place of Business:

Current Mailing Address:

5101 NW 79TH AVE STE 8
DORAL, FL 33166

New Mailing Address:

FEI Number: 27-1676226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INFANTE, WALTER
2655 LEJEUNE ROAD #1001
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

INFANTE, WALTER
561 RACQUET CLUB ROAD , NO. 24
WESTON, FL 33326 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: WALTER INFANTE

02/08/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: NARDONE, MARINO
Address: 5101 NW 79TH AVE STE 8
City-St-Zip: DORAL, FL 33166

Title: VP
Name: NARDONE, ZORAIDA
Address: 5101 NW 79TH AVE STE 8
City-St-Zip: DORAL, FL 33166

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: MARINO NARDONE

P

02/08/2011

Electronic Signature of Signing Officer or Director

Date