

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000035292

**FILED**  
**Feb 11, 2011**  
**Secretary of State**

**Entity Name:** VILLAGE MEDICAL SUPPLIES, INC.

**Current Principal Place of Business:**

400 SOUTH DIXIE HWY  
SUITE 128  
BOCA RATON, FL 33432

**New Principal Place of Business:**

751 PARK OF COMMERCE DRIVE  
SUITE 122  
BOCA RATON, FL 33487

**Current Mailing Address:**

400 SOUTH DIXIE HWY  
SUITE 128  
BOCA RATON, FL 33432

**New Mailing Address:**

751 PARK OF COMMERCE DRIVE  
SUITE 122  
BOCA RATON, FL 33487

**FEI Number:** 80-0588810

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRACCHIOLO, TIMOTHY P  
400 SOUTH DIXIE HWY  
SUITE 128  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

CRACCHIOLO, TIMOTHY P  
751 PARK OF COMMERCE DRIVE  
SUITE 122  
BOCA RATON, FL 33487 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:

02/11/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/S  
Name: CRACCHIOLO, TIMOTHY P  
Address: 751 PARK OF COMMERCE DRIVE, SUITE 122  
City-St-Zip: BOCA RATON, FL 33487

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: TIMOTHY P. CRACCHIOLO

P

02/11/2011

Electronic Signature of Signing Officer or Director

Date