

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000068110

FILED
Jul 07, 2011
Secretary of State

Entity Name: HEALTH MEDICAL SUPPLY CORP

Current Principal Place of Business:

11002 NW 59 ST
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

PO BOX 524236
MIAMI, FL 33152

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVES ALFONZO, CARLOS E
11002 NW 59 ST
DORAL, FL 33178 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: ALVES ALFONZO, CARLOS E
Address: 11002 NW 59 ST
City-St-Zip: DORAL, FL 33178

Title: DV
Name: CANELON, HECTOR
Address: 11002 NW 59 ST
City-St-Zip: DORAL, FL 33178

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: CALOS ALVES

DP

07/07/2011

Electronic Signature of Signing Officer or Director

Date