

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000080923

FILED
May 01, 2011
Secretary of State

Entity Name: FIRST HEALTH MEDICAL SUPPLY, INC.

Current Principal Place of Business:

6270 WILES ROAD
APT. 305
CORAL SPRINGS, FL 33067 US

New Principal Place of Business:

Current Mailing Address:

6270 WILES ROAD
APT. 305
CORAL SPRINGS, FL 33067 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GERMAN, ABEL
6270 WILES ROAD
APT. 305
CORAL SPRINGS, FL 33067 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: P, D
Name: FURELOS, RAMON
Address: 1385 SW 24TH AVE
City-St-Zip: SUNRISE, FL 33312 US

Title: S, T
Name: HERRERA, PAULA
Address: 6270 WILES ROAD APT. 305
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: D
Name: HERRERA, PAOLA
Address: 2425 NW 137TH AVE.
City-St-Zip: SUNRISE, FL 33323 US

Title: D
Name: GALAN, CHARLES A
Address: 2425 NW 137TH AVE
City-St-Zip: SUNRISE, FL 33323 US

Title: D
Name: GERMAN, ABEL
Address: 6270 WILES ROAD APT. 305
City-St-Zip: CORAL SPRINGS, FL 33067 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: PAOLA HERRERA

ST

05/01/2011

Electronic Signature of Signing Officer or Director

Date