

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000016000

Entity Name: MED DEPOT CORP

**FILED**  
**Mar 17, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

9737 NW 41ST ST  
STE #717  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

9737 NW 41ST ST  
STE #717  
DORAL, FL 33178

**New Mailing Address:**

FEI Number: 27-5032443

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAMPOS, SYLVIO R  
9737 NW 41ST ST  
STE 717  
DORAL, FL 33178 US

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

SILVA, ANDRE G  
9737 NW 41ST ST  
STE 717  
DORAL, FL 33178 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: ANDRE G SILVA

03/17/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SILVA, ANDRE G  
Address: 9737 NW 41TH STREET, #717  
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: ANDRE G SILVA

P

03/17/2012

Electronic Signature of Signing Officer or Director

Date