

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000014640

FILED  
Mar 29, 2012  
Secretary of State

Entity Name: HALL-MOORE MEDICAL SUPPLIES, INC.

**Current Principal Place of Business:**

6539 POWERS AVE., SUITE 3  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

6539 POWERS AVE., SUITE 3  
JACKSONVILLE, FL 32217

**New Mailing Address:**

FEI Number: 59-3165140      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

HALL, JERRY W JR  
6539 POWERS AVE., SUITE 3  
JACKSONVILLE, FL 32217      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: CEO  
Name: CLEMENTS, MARGARET F  
Address: 1460 LANCASTER TERRACE, #806  
City-St-Zip: JACKSONVILLE, FL 32204

Title: PRES  
Name: HALL, JERRY W JR  
Address: 1460 LANCASTER TERRACE, #1106  
City-St-Zip: JACKSONVILLE, FL 32204

Title: SEC  
Name: HALL, SHANNON A  
Address: 1560 LANCASTER TERRACE #1106  
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP  
Name: MOORE, RAY C  
Address: 12084 ACORNSHELL WAY  
City-St-Zip: JACKSONVILLE, FL 32223

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: JERRY W HALL JR

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

03/29/2012

\_\_\_\_\_  
Date