


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90236 024 ***150.00

DOCUMENT # P93000019165	
1. Entity Name SPRING MEDICAL SUPPLIES, INC.	

Principal Place of Business 5755 WEST FLAGLER STREET STE. 210 MIAMI FL 33144 US	Mailing Address 776 S.W. 97 PL. CIRCLE MIAMI FL 33174 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

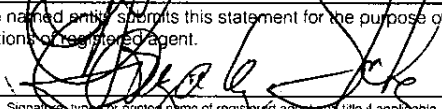


MOORE CR2E034 (11/03)

4. FEI Number 65-0394088		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GONZALEZ, EDELMIRA H 776 S.W. 97 PL. CIRCLE MIAMI FL 33174		Name Street Address (P.O. Box Number is Not Acceptable) 5755 WEST FLAGLER STREET SUITE # 210 City MIAMI FL Zip Code 33144-3457	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Delete NAME GONZALEZ, EDELMIRA H STREET ADDRESS 776 S.W. 97 PL. CIRCLE CITY-ST-ZIP MIAMI FL 33174	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 5755 WEST FLAGLER ST. SUITE #210 CITY-ST-ZIP MIAMI, FL 33144-3457	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  4/20/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____