2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90545 027 ***150.00

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DOCUMENT # P93000019165

1. Entity Name
SPRING MEDICAL SUPPLIES, INC.

Principal Place of Business	Mailing Address
5755 WEST FLAGLER STREET STE. 210 MIAMI, FL 33144 US	776 S.W. 97 PL. CIRCLE MIAMI, FL 33174 US

04262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
6801 N.W. 77TH AVE.		776 S.W. 97 PL CIRCLE	
Suite, Apt. #, etc.: SUITE #206		Suite, Apt. #, etc.	
City & State: MIAMI FL		City & State: MIAMI, FL	
Zip: 33166	Country: U.S.A.	Zip: 33174	Country: U.S.A.

4. FEI Number 65-0394088 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, EDELMIRA H
5755 WEST FLAGLER STREET
SUITE #210
MIAMI, FL 33144-3457

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 6801 N.W. 77TH AVE.
SUITE #206
City MIAMI FL Zip Code 33166

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 [signature] DATE 4/26/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	GONZALEZ, EDELMIRA H		NAME		
STREET ADDRESS	5755 WEST FLAGLER ST. SUITE #210		STREET ADDRESS	6801 N.W. 77TH AVE. SUITE #206	
CITY-ST-ZIP	MIAMI, FL 33144		CITY-ST-ZIP	MIAMI FL 33166.	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] EDELMIRA H. GONZALEZ PRESIDENT 4/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #