## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000019165

Entity Name: SPRING MEDICAL SUPPLIES, INC.

**FILED** Feb 03, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

6801 NW 77TH AVE STE. 206

MIAMI, FL 33166

**Current Mailing Address: New Mailing Address:** 

776 SW 97 PL CIRCLE MIAMI, FL 33174

6801 NW 77TH AVE STE. 206 MIAMI, FL 33166 US

FEI Number: 65-0394088 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

RAMIREZ, FRANSISCO R 515 NW 25 AVENUE MIAMI, FL 33125

HERNANDEEZ, MIRIAM 6801 NW 77 AVE 206 MIAMI, FL 33166 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: MIRIAM HERNANDEZ 02/03/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete RAMIREZ, FRANSISCO R Name:

6801 NW 77TH AVE., SUITE 206 Address:

City-St-Zip: MIAMI, FL 33166

(X) Change ( ) Addition Title: HERNANDEZ, MIRIAM Name: Address: 6801 NW 77TH AVE., SUITE 206 City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. I further 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 an address, with all other like empowered.

Ρ SIGNATURE: MIRIAM HERNANDEZ 02/03/2006