

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P93000019766

**FILED**  
**May 23, 2011**  
**Secretary of State**

**Entity Name:** APEX MEDICAL SUPPLIES INC.

**Current Principal Place of Business:**

7209 CORAL WAY  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

7209 CORAL WAY  
MIAMI, FL 33155

**New Mailing Address:**

**FEI Number:** 65-0394193

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PARKER, CARMEN  
7209 CORAL WAY  
MIAMI, FL 33155 US

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

SILVA GOMEZ, LEONARDO  
1040 SW 107 AVE  
MIAMI, FL 33144 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: LEONARDO SILVA GOMEZ

05/23/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SILVA GOMEZ, LEONARDO  
Address: 1040 SW 70 AVE  
City-St-Zip: MIAMI, FL 33144

Title: VP  
Name: SILVA GOMEZ, LEONARDO  
Address: 1040 SW 70 AVE  
City-St-Zip: MIAMI, FL 33144

Title: SEC  
Name: SILVA GOMEZ, LEONARDO  
Address: 1040 SW 70 AVE  
City-St-Zip: MIAMI, FL 33144

Title: TREA  
Name: SILVA GOMEZ, LEONARDO  
Address: 1040 SW 70 AVE  
City-St-Zip: MIAMI, FL 33144

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: LEONARDO SILVA GOMEZ

P

05/23/2011

Electronic Signature of Signing Officer or Director

Date