

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000021894

FILED  
Feb 21, 2006  
Secretary of State

Entity Name: ATLANTIC MEDICAL SUPPLY, INC.

**Current Principal Place of Business:**

7318 S.W. 48 ST.  
MIAMI, FL 33155 US

**New Principal Place of Business:**

**Current Mailing Address:**

7318 S.W. 48 ST.  
MIAMI, FL 33155 US

**New Mailing Address:**

FEI Number: 65-0399542      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MEJER, ALVARO L ESQ  
2600 DOUGLAS ROAD  
#1111  
MIAMI, FL 33134 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MEJER, LUIS E  
Address: 7318 SW 48 ST.  
City-St-Zip: MIAMI, FL 33155

Title: CEO ( ) Delete  
Name: MARTINEZ, WIL  
Address: 6472 SNAPPER CREEK DRIVE  
City-St-Zip: MIAMI, FL 33143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. 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.

SIGNATURE: WIL MARTINEZ

CEO

02/21/2006

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

\_\_\_\_\_ Date