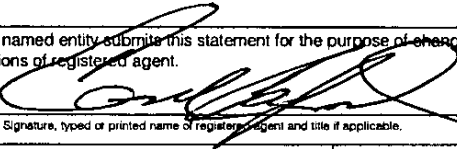


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90070 003 ***150.00

DOCUMENT # P93000076805 1. Entity Name NORTH FLORIDA MEDICAL SUPPLY, INC.			
Principal Place of Business 12696 US HWY 301S STARKE, FL 32091		Mailing Address P.O. DRAWER E STARKE, FL 32091	
2. Principal Place of Business - No P.O. Box # NE 120th Ave Suite, Apt. #, etc.		3. Mailing Address PO Box 280 Suite, Apt. #, etc.	
City & State Waldo, FL Zip 32694 Country USA		City & State Waldo, FL Zip 32094 Country USA	
4. FEI Number 59-3207719		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 BEDFORD, CARL 12696 US HWY 301S — STARKE, FL 32091		7. Name and Address of New Registered Agent Name Carl Bedford Street Address (P.O. Box Number is Not Acceptable) NE 120th Ave City Waldo, FL Zip Code 32094	
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, typed or printed name of registered agent and title if applicable.		Carl L Bedford 4-27-07 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEDFORD, CARL 12696 US HWY 301S STARKE, FL 32091 Po Box 280 Waldo, FL 32694	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Carl L Bedford 4-27-07 9049641363 Date Daytime Phone #	