FILED
Mar 29, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000012878

1. Entity Name
GREAT MEDICAL SUPPLIES, INC.

Principal Place of Business	Mailing Address
2805 S.W. 129TH AVE. MIAMI, FL 33175	2805 S.W. 129TH AVE. MIAMI, FL 33175

DO NOT WRITE IN THIS SPACE

03242004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0457978
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAMPORINO, HUMBERTO
2805 S.W 129TH AVE.
MIAMI, FL 33175

DO NOT WRITE IN THIS SPACE

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 (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSTV
NAME	CAMPORINO, HUMBERTO
STREET ADDRESS	2805 S.W. 129TH AVE.
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	D
NAME	CAMPORINO, HUMBERTO
STREET ADDRESS	2805 S.W. 129TH AVE.
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000038709
03/29/04-80051-017 158.75

DO NOT WRITE IN THIS SPACE

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: _____ 3/26/04 (787)597-1636
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

FROM : FAX NO. : Apr. 21 2004 02:37PM P1