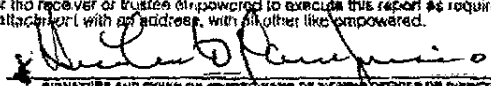


FILED
Mar 29, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000012878		
1. Entity Name GREAT MEDICAL SUPPLIES, INC.		
Principal Place of Business 2805 S.W. 129TH AVE. MIAMI, FL 33175		Mailing Address 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
8. Name and Address of Current Registered Agent CAMPORINO, HUMBERTO 2805 S.W. 129TH AVE. MIAMI, FL 33175		DO NOT WRITE IN THIS SPACE
9. 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 fee if applicable (NOTE: Registered Agent signature required when reissuing) 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		U000000038709 03/29/04-80051-017 158.75 DO NOT WRITE IN THIS SPACE
FILE NAME STREET ADDRESS CITY-ST-ZIP	PSTV CAMPORINO, HUMBERTO 2805 S.W. 129TH AVE. MIAMI, FL 33175	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPORINO, HUMBERTO 2805 S.W. 129TH AVE. MIAMI, FL 33175	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:  SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/26/04 (787) 593-1636 Date Daytime Phone #