

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000045627

FILED
Apr 21, 2005
Secretary of State

Entity Name: DEPENDABLE MEDICAL SUPPLY, INC.

Current Principal Place of Business:

5383 NABHILL ROAD
SUNRISE, FL 33351 US

New Principal Place of Business:

7835 W COMMERCIAL BLVD
TAMARAC, FL 33351 US

Current Mailing Address:

5383 NABHILL ROAD
SUNRISE, FL 33351 US

New Mailing Address:

7835 W COMMERCIAL BLVD
TAMARAC, FL 33351 US

FEI Number: 65-0499608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TACHER, DAVID
1041 NW 12TH AVE
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

PONCZEK, GEORGE R
7000 W. PALMETTO PK ROAD
220
BOCA RATON, FL 33433 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: GEORGE PONCZEK

04/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RUSKIN, JOSHUA A
Address: 10096 NW 53 ST
City-St-Zip: SUNRISE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RUSKIN, JOSHUA A
Address: 7835 W. COMMERCIAL BLVD
City-St-Zip: TAMARAC, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSHUA A. RUSKIN

PRES

04/21/2005

Electronic Signature of Signing Officer or Director

Date