2005 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # P94000086614 1. Entity Name



FILED Feb 09, 2005 8:00 am Secretary of State 02-09-2005 90062 009 ***150.00

MAITINI, WILLIAM C OFFERS AND DIRECTORS B. The above register and part of March 190 purpose of changing is registered office or registered agent, or both, in the State of Florida. I and facilities with address of power white if cubicities (CI) - 5.00 purpose of changing is registered office or registered agent, or both, in the State of Florida. I and facilities with address of power white if cubicities (CI) - 5.00 purpose of changing is registered office or registered agent, or both, in the State of Florida. I and facilities with, and accept the decignation of power white if cubicities (CI) - 5.00 purpose of changing is registered office or registered agent, or both, in the State of Florida. I and facilities with, and accept the decignation of power white if cubicities (CI) - 5.00 purpose of changing is registered office or registered agent, or both, in the State of Florida. I and facilities with, and accept the decignation of power white if cubicities (CI) - 5.00 purpose of changing is registered office or registered agent, or both, in the State of Florida. I and facilities with, and accept the decignation of power white it cubicities (CI) - 5.00 purpose of changing is registered office or registered agent, or both, in the State of Florida. I and facilities with, and accept the decignation of power white it cubicities (CI) - 5.00 purpose of changing is registered office or registered agent, or both, in the State of Florida. I and facilities with, and accept the decignation of power in the color of Florida and the color	ALL FLORIDA MEDICAL SUPPLIES, INC.				02-09-2003 90002 009 130.00
US 2 Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #	601 NORTH CONGRESS AVENUE BLDG 6, UNIT 606		601 NORTH CONGRESS AVENUE BLDG 6, UNIT 606		
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City & State Country Country Country Country Span Country Span Spa	2. Principal Place of Business				
Country Zip Country Zip Country S. Certificate of States Desired Se. 75 Additional Fee Required Se. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent	Suite, Apt. #, etc.				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTINI, WILLIAM C -61-55-4TH-AVE DELRAY BEACH FL-33483 City City FL Zip Code FL Zip Code City FL Zip Code F		····	1.	- ·-	65-0536636 Not Applicable
MARTINI, WILLIAM C -01-SE-4TH AVE DETRAY BEACH FL 33483 8. The above righed 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 going lefted agent. SIGNATURE	Žip			Country	5. Certificate of Status Desired Fee Required
MARTINI, WILLIAM C OFFICERS AND DIFFECTORS THE MARTINI, WILLIAM C OFFICERS AND DIFFECTORS OFFICERS AND DIFFECTORS IN 11 INTE MAKE OFFICERS AND DIFFECTORS OFFICERS AND DIFFECTORS IN 11 INTE MAKE OFFICERS AND DIFFECTORS OFFICERS AND DIFFE		6. Name and Address of Current	Registered Agent	Nome	7. Name and Address of New Registered Agent
City FL Zip Code 6. The above refract entire 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 Substitution Subst	14 A T	TINIL MAILLEANA C		Name	
The above runned entity submits this statement to the purpose of changing its registered agent, or both, in the State of Florida. I an familiar with, and accept the obligators of projective depent. SIGNATURE	-61-5	SE-4TH AVE	Street Address		Address (P.O. Box Number is Not Acceptable)
The above named entity submits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of pagis ared agent. Comment Commen		INTERPORTE 33403		City	Zin Code
SIGNATURE Colored agent of personal agent of Registered agent and table if appelicable (NOTE Registered Agent segnature required when windsaire) DATE	The above	named entitle submits this statement for	the purpose of changing its re		FL T
FILE NOW!!! FEE IS 150 00 S			// /	_	Made at the state of the state
After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE MARTINI, WILLIAM C STREET ADDRESS CITY-ST-2IP MARTINI, WILLIAM C STREET ADDRESS CITY-ST-2IP MARTINI, WILLIAM C STREET ADDRESS CITY-ST-2IP TILE NAME STREET ADDRESS CITY-ST-2IP T	SIGNATURE	Smature, typed or printed name of registered agen			lure required when reinstating) DATE
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TITLE		P	☐ Delete	TITLE	President Change Addition
TITLE	NAME	MARTINI, WILLIAM C		NAME	WILLIAM C. MARTINI - # 606
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		certify that the information supplied wi	th this filing does not qualify for		ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

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 affect ment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME OF SIGNING OFFICER OR DIRECTOR DEVINO Phone #