

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-05-2006 90154 010 ***150.00

DOCUMENT # P94000086614 1. Entity Name ALL FLORIDA MEDICAL SUPPLIES, INC.																											
Principal Place of Business 601 NORTH CONGRESS AVENUE BLDG 6, UNIT 606 DELRAY BEACH FL 33445 US		Mailing Address 601 NORTH CONGRESS AVENUE BLDG 6, UNIT 606 DELRAY BEACH FL 33445 US																									
2. Principal Place of Business Suite, Apt. #, etc. ALL FLORIDA MEDICAL SUPPLIES 601 NORTH CONGRESS AVENUE City & State BUILDING 6, UNIT 606 DELRAY BEACH, FL 33445 Zip 33445		3. Mailing Address Suite, Apt. #, etc. ALL FLORIDA MEDICAL SUPPLIES 601 NORTH CONGRESS AVENUE City & State BUILDING 6, UNIT 606 DELRAY BEACH, FL 33445 Zip 33445																									
4. FEI Number 65-0536636		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		1st MOORE CR2E034 (10/05)																									
6. Name and Address of Current Registered Agent MARTINI, WILLIAM C 61 SE 4TH AVE DELRAY BEACH FL 33445 CURRENT → BUILDING 6, UNIT 606 DELRAY BEACH, FL 33445		7. Name and Address of New Registered Agent Name Address (P.O. Box Number is Not Acceptable) City State FL Zip Code																									
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 <u>William C. Martini</u> President <u>2/16/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE P NAME MARTINI, WILLIAM C STREET ADDRESS 601 NORTH CONGRESS AVENUE #606 CITY-STATE-ZIP DELRAY BEACH FL 33445 </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE MARTINI, PHYLLIS NAME 1127 N.W. 3 AVE STREET ADDRESS DELRAY BEACH FL 33445 CITY-STATE-ZIP SECRETARY </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP N/A </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP N/A </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP N/A </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP N/A </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> </table>		TITLE P NAME MARTINI, WILLIAM C STREET ADDRESS 601 NORTH CONGRESS AVENUE #606 CITY-STATE-ZIP DELRAY BEACH FL 33445	<input type="checkbox"/> Delete	TITLE MARTINI, PHYLLIS NAME 1127 N.W. 3 AVE STREET ADDRESS DELRAY BEACH FL 33445 CITY-STATE-ZIP SECRETARY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP N/A	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP N/A	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP N/A	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP N/A	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME ALL FLORIDA MEDICAL SUPPLIES STREET ADDRESS 601 NORTH CONGRESS AVENUE CITY-STATE-ZIP BUILDING 6, UNIT 606 DELRAY BEACH, FL 33445 </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition #6 SECTION </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>		TITLE NAME ALL FLORIDA MEDICAL SUPPLIES STREET ADDRESS 601 NORTH CONGRESS AVENUE CITY-STATE-ZIP BUILDING 6, UNIT 606 DELRAY BEACH, FL 33445	<input type="checkbox"/> Change <input type="checkbox"/> Addition #6 SECTION	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>William C. Martini</u> 2/16/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																											