

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000086614

Entity Name: ALL FLORIDA MEDICAL SUPPLIES, INC.

FILED
Apr 02, 2007
Secretary of State

Current Principal Place of Business:

ALL FLORIDA MEDICAL SUPPLIES
601 N CONGRESS AVE BLDG 6 UNIT 606
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

ALL FLORIDA MEDICAL SUPPLIES
601 N CONGRESS AVE BLDG 6 UNIT 606
DELRAY BEACH, FL 33445 US

New Mailing Address:

FEI Number: 65-0536636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINI, WILLIAM C
ALL FLORIDA MEDICAL SUPPLIES
601 N CONGRESS AVE BLDG 6 UNIT 606
LAKE WORTH, FL 33465 US

Name and Address of New Registered Agent:

MARTINI, WILLIAM C
ALL FLORIDA MEDICAL SUPPLIES
601 N CONGRESS AVE BLDG 6 UNIT 606
DELRAY BEACH, FL 33445 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:

04/02/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARTINI, WILLIAM C
Address: AFMS: 601 N CONGRESS AVE BLDG 6 UNIT 606
City-St-Zip: DELRAY BEACH, FL 33445

Title: S () Delete
Name: MARTINI, PHYLLIS
Address: 1127 NW 3 AVE
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: WILLIAM MARTINI

PRES

04/02/2007

Electronic Signature of Signing Officer or Director

Date