


# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

|  |   |
|--|---|
| DOCUMENT # P94000086614                              |  |
| 1. Entity Name<br>ALL FLORIDA MEDICAL SUPPLIES, INC. |   |

07 NOV -7 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11-2-07



|  |  |
|--|--|
| Principal Place of Business<br>ALL FLORIDA MEDICAL SUPPLIES<br>601 N CONGRESS AVE BLDG 6 UNIT 606<br>DELRAY BEACH, FL 33445 US | Mailing Address<br>ALL FLORIDA MEDICAL SUPPLIES<br>601 N CONGRESS AVE BLDG 6 UNIT 606<br>DELRAY BEACH, FL 33445 US |
|--|--|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip  | Country             |

10092007 Chg-P CR2E034 (12/06)

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><br>MARTINI, WILLIAM C<br>ALL FLORIDA MEDICAL SUPPLIES<br>601 N CONGRESS AVE BLDG 6 UNIT 606<br>DELRAY BEACH, FL 33445 | 7. Name and Address of New Registered Agent<br>Name <u>DAVID FORD</u><br>Street Address (P.O. Box Number is Not Acceptable) <u>601 N. Congress Ave, Bldg 6, Unit 606</u><br>City <u>DeLray Beach</u> FL Zip Code <u>33445</u> |
|---|---|

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

|                       |   |
|-----------------------|---|
| Amended AR is \$61.25 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-----------------------|---|

| 10. OFFICERS AND DIRECTORS                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>MARTINI, WILLIAM C<br>AFMS: 601 N CONGRESS AVE BLDG 6 UNIT 606<br>DELRAY BEACH, FL 33445 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | Director and President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>David Ford<br>128 Van Gogh Way<br>Royal Palm Beach, FL 33411-1580    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S<br>MARTINI, PHYLLIS<br>1127 NW 3 AVE<br>DELRAY BEACH, FL 33444 <input checked="" type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | Director and Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>Allan S. Gust<br>16592 84th Court North<br>Luxemburgh, FL 33470 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | Director and Secretary/Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>Ellen M. Gust<br>16592 84th Court North<br>Luxemburgh, FL 33470       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

11-5-07

561-272-0207

Date

Daytime Phone #