

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000086614

FILED
Jan 07, 2008
Secretary of State

Entity Name: ALL FLORIDA MEDICAL SUPPLIES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

ALL FLORIDA MEDICAL SUPPLIES
601 N CONGRESS AE 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:

FORD, DAVID
601 N CONGRESS AVE BLDG 6 UNIT 606
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FORD, DAVID
Address: 128 VAN GOGH WAY
City-St-Zip: ROYAL PALM BEACH, FL 334111580

Title: DVP () Delete
Name: GUST, ALLAN S
Address: 16592 84TH COURT NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: DST () Delete
Name: GUST, ELLEN M
Address: 16592 84TH COURT NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: FORD, DAVID
Address: 128 VAN GOGH WAY
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: DVP (X) Change () Addition
Name: GUST, ALAN S
Address: 16592 84TH COURT NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

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

I hereby certify that the information supplied with this filing does not qualify 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: DAVE FORD

PRES

01/07/2008

Electronic Signature of Signing Officer or Director

Date