

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000087267

FILED
Apr 05, 2009
Secretary of State

Entity Name: AUSTIN MEDICAL SUPPLY, INC.

Current Principal Place of Business:

5327 NORTHWEST 36 AVENUE
MIAMI, FL 33142 US

New Principal Place of Business:

Current Mailing Address:

5327 NORTHWEST 36 AVENUE
MIAMI, FL 33142 US

New Mailing Address:

FEI Number: 65-0542804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARKS, JEFFREY N
1990 N.E. 163RD STREET
SUITE 205
MIAMI, FL 33162 US

Name and Address of New Registered Agent:

REYES, MARTHA N
1860 NE 124 ST
NORTH MIAMI, FL 33181 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: MARTHA REYES

04/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: REYES, MARTHA
Address: 6695B NW 36TH AVE
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: REYES, MARTHA
Address: 5327 NW 36 AVE
City-St-Zip: MIAMI, FL 33142 US

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: MARTHA REYES

PRES

04/05/2009

Electronic Signature of Signing Officer or Director

Date