

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000005479

**FILED**  
**Mar 07, 2012**  
**Secretary of State**

**Entity Name:** EXPRESS MEDICAL SUPPLY, INC.

**Current Principal Place of Business:**

3811 SW 30TH AVENUE  
FORT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

3811 SW 30TH AVENUE  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

**FEI Number:** 65-0561132

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANGELO & BANTA, P.A.  
515 EAST LAS OLAS BOULEVARD  
SUITE 850  
FORT LAUDERDALE, FL 33301 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

**OFFICERS AND DIRECTORS:**

**Title:** CPTD  
**Name:** AGUERO, MANUEL E  
**Address:** 3801 SW 30TH AVENUE  
**City-St-Zip:** FORT LAUDERDALE, FL 33312

**Title:** CPSD  
**Name:** RODRIGUEZ, J. CARLOS  
**Address:** 3801 SW 30TH AVENUE  
**City-St-Zip:** FORT LAUDERDALE, FL 33312

I hereby 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 all other like empowered.

**SIGNATURE:** MANUEL AGUERO

CPTD

03/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date