


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000014495	
1. Entity Name LIDI MEDICAL SUPPLY, INC.	

Principal Place of Business 717 PONCE DE LEON BLVD., SUITE 339 CORAL GABLES, FL 33134	Mailing Address 717 PONCE DE LEON BLVD., SUITE 339 CORAL GABLES, FL 33134
---	---



04082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0557559	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	---

6. Name and Address of Current Registered Agent MARTINEZ, MERCEDES I 717 PONCE DE LEON BLVD., SUITE 339 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARTINEZ, MERCEDES I 717 PONCE DE LEON BLVD., SUITE 339 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000329686 04/25/05-80124-017 5.00
U000000329686 04/25/05-80124-015 150.00
U000000329686 04/25/05-80124-016 8.75
DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **04-08-05**

Date Daytime Phone #