

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 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 321
CORAL GABLES, FL 33134**

Mailing Address
**717 PONCE DE LEON BLVD.
SUITE 321
CORAL GABLES, FL 33134**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0557559

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARTINEZ, MERCEDES I
717 PONCE DE LEON BLVD., SUITE 321
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 **X**

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

Mercedes I. Martinez

01/04/08

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000774965
01/08/08-80009-017 158.75**

10. OFFICERS AND DIRECTORS

TITLE
PD
NAME
MARTINEZ, MERCEDES I
STREET ADDRESS
717 PONCE DE LEON BLVD., SUITE 321
CITY-ST-ZIP
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

**DO NOT WRITE
IN THIS SPACE**

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mercedes I. Martinez 01/04/08

Date

(305)447-1676

Daytime Phone #