

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000031906

FILED
Apr 13, 2009
Secretary of State

Entity Name: PROFESSIONAL MEDICAL SUPPLIES, INC.

Current Principal Place of Business:

16363 NW 16TH STREET
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 823265
PEMBROKE PINES, FL 33082 US

New Mailing Address:

FEI Number: 65-0576950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, MARCOS A P.A.
100 ALMERIA AVE
SUITE 360
CORAL GABLES, FL 33134 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: PSTD () Delete
Name: RODRIGUEZ, JOSE A
Address: 16363 NW 16TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: RODRIGUEZ, JOSE A
Address: 16363 NW 16TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028 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: JOSE A. RODRIGUEZ

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date