2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P95000057082

Entity Name: ARDY MEDICAL SUPPLY CORP.

Current Principal Place of Business:

10465 SW 40TH ST.
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

10465 SW 40TH ST.
MIAMI, FL 33165

New Mailing Address:

FEI Number: 65-0595412 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SZAJKO, PETER
10465 SW 40 ST.
MIAMI, FL 33186 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SZAJKO, PETER
Address: 10465 SW 40TH ST.
City-St-Zip: MIAMI, FL 33165

Title: SD ( ) Delete
Name: VICENTE, RAUL
Address: 10465 SW 40TH ST.
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: PETER SZAJKO P 05/01/2009

Electronic Signature of Signing Officer or Director Date