

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000057082

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**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:**

SZAJKO, PETER  
2676 SW 143 PLACE  
MIAMI, FL 33175 US

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

03/28/2011

Date

**OFFICERS AND DIRECTORS:**

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

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

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: PETER SZAJKO

Electronic Signature of Signing Officer or Director

PD

03/28/2011

Date