## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2004 08:00 AM Secretary of State

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DOCUMENT # P9600001882  1. Entity Name REPUBLIC MEDICAL SUPPLIES INC.								56	er eta	iy Ui	State
Principal Place of Business				Mailing Address							
7946 SW 8TH STREET MIAMI, FL 33144				7946 SW 8TH STREET MIAMI, FL 33144			? (Matrical)	(李 1812年 <b>2</b> 11): <b>22</b> 111 <b>22</b> 133 825	0) WW 509 WW W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	es swifte dwaraw stw	1( <b>44</b> ) 11 (4 <b>4</b> )
2. Principal Place of Business			3.	3. Mailing Address							
Suna, Apt. #, etc.				Suite, Apt. #, etc.			04202004	Chg-P	CR2E03	4 (10/03)	
City & State				City & State			4. FEI Numi 65-06		3	<del></del>	plied For It Applicable
Zip	Country			Zip Coun		ntry	5. Certifical	e of Status Desired		8.75 Add es Require	
6. Name and Address of Current Registered Agent							7. Name an	d Address of New R	egistered A	ent	
MAGALY, MACHADO						Name					
3488 SW 1 MIAMI, FL	112TH AV				Street Address	(P.O. Box Numi	per is Not Acceptable	e) 		) 5.1	
						,		2.5	., - ,	2 2 50	
						City			FL	Zip Code	•
8. The above the obligat	named entitions of regist	y submits this statem tered agent.	ent for the	ourpose of changing its	register	ed office or regist	ered agent, or b	oth, in the State of Flo		millar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (WOTE: Registered Agent signature required when reinstating)  DATE											<u>. 14</u> %-
FILE NOWIII FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees									<u> </u>		
10.		OFFICERS	AND DIRE	TORS	11.		ADDITIONS	CHANGES TO OFF	CERS AND	DIRECTORS	SIN 11
TITLE	PD			☐ Defele	THIL	£				Change	Addition
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12. I hereby o	certify that the	e information supplied	d with this fi	ling does not qualify for and accurate and that n	the exe	mption stated in S	Section 119.07(3)	(i), Florida Statutes, I	further certif	y that the in	formation or director
of the corr	poration or th	ne receiver or trustee.	empowered	d to execute this report	as requi	red by Chapter 60	37, Rorida Statut	es; and that my name	appears in	Block 10 or	Block 11 if
unanget,	الله الله الله الله الله الله الله	achinencynn an addr	css, will a	other like empowered.				11.1	_		ļ
SIGNAT	URE:	Mark	MAL	NAME OF SIGNING OFFICER	AR DIREA	TOR	<u> </u>	120/200	4	time Phone #	
		PHOLIPPING VIOLE	- ou Luiuter	PAME OF BIGINARY OFFICER	ON DIVEC	. v		- due	, Unit	WINE CHORSE	4.3