

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

04-12-2004 90305 046 ****61.25
P96000063297

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000063297

1. Entity Name
DIAMOND MEDICAL SUPPLIES, INC.



Principal Place of Business
11400 W FLAGLER ST
#111
SWEETWATER, FL 33174 US

Mailing Address
11400 W FLAGLER ST
#111
SWEETWATER, FL 33174 US

2. Principal Place of Business
1102 West Flagler St.
Suite, Apt. #, etc.

3. Mailing Address
1102 W. Flagler St.
Suite, Apt. #, etc.



04012004 Chg-P CR2E034 (10/03)

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number
65-0682219

Applied For
Not Applicable

Zip
33130

Country

Zip
33130

Country

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

6. Name and Address of Current Registered Agent

PEREZ, EVARISTO J
11400 W FLAGLER STREET
111
SWEETWATER, FL 33174

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME PEREZ, EVARISTO
STREET ADDRESS 11400 W FLAGLER ST
CITY-ST-ZIP SWEETWATER, FL 33174

☐ Delete

TITLE
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME PEREZ, EVARISTO
STREET ADDRESS 1102 W. Flagler St
CITY-ST-ZIP MIAMI, FL

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 to an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/04 (305) 325-1847

Date

Daytime Phone #