2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90511 028 ***150.00

DOCUMENT # P97000062514

1. Entity Name
PHOENIX MEDICAL DISTRIBUTOR, INC.

Principal Place of Business	Mailing Address
4661 SW 71 AVE MIAMI, FL 33155	4661 SW 71 AVE MIAMI, FL 33155

04132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7140 SW 47 Street	7140 SW 47 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl	City & State: Miami, Fl
Zip: 33155 Country: USA	Zip: 33155 Country: USA

4. FEI Number: 65-0768661 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SILVESTRE, ALEJANDRO
7364 SW 60 STREET
MIAMI, FL 33143

7. Name and Address of New Registered Agent
Name: Alejandro Silvestre
Street Address (P.O. Box Number is Not Acceptable): 7140 S.W. 47 Str.
City: MIAMI FL Zip Code: 33155

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: A. Silvestre 4/13/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: SILVESTRE, ALEJANDRO STREET ADDRESS: 7364 SW 60 STREET CITY-ST-ZIP: MIAMI, FL 33143	☒ Delete	TITLE: PRESIDENT NAME: ALEJANDRO SILVESTRE STREET ADDRESS: 7140 S.W. 47 Str CITY-ST-ZIP: MIAMI FL-33155	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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 with an address, with all other like empowered.

SIGNATURE: A. Silvestre 4/13/04 305-6675557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #