

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000031086

FILED
Sep 08, 2005
Secretary of State

Entity Name: SOUTH FLORIDA MEDICAL SUPPLY, INC.

Current Principal Place of Business:

4900 LINTON BLVD
SUITE 26
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

4900 LINTON BLVD
SUITE 26
DELRAY BEACH, FL 33445 US

New Mailing Address:

FEI Number: 65-0827528 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAGE, DONALD
7340 FOREST CIRCLE
LAKE WORTH, FL 33467 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: DPT () Delete
Name: PAGE, DONALD
Address: 7340 PINE FOREST CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: DVS () Delete
Name: JELUSO, JAMES
Address: 5130 LINTON BLVD #B-3
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: V () Delete
Name: PATEL, BHUPENDRA
Address: 5130 LINTON BLVD #B-3
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: AS () Delete
Name: WEINSTEIN, FRED
Address: 1901 S CONGRESS AVENUE STE 360
City-St-Zip: BOYNTON BEACH, FL 33426

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: PD () Change (X) Addition
Name: GORDON, SAWYER S
Address: 3750 VILLAGE DRIVE A
City-St-Zip: DELRAY BEACH, FL 33445

Title: V () Change (X) Addition
Name: RICHARD, FRISCH J
Address: 150 SARATOGA BLVD WEST
City-St-Zip: ROYAL PALM BEACH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RICHARD J. FRISCH

V

09/08/2005

Electronic Signature of Signing Officer or Director

Date