

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000031086

FILED
Sep 22, 2009
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: VPD () Delete
Name: GORDON, SAWYER S
Address: 3750 VILLAGE DRIVE A
City-St-Zip: DELRAY BEACH, FL 33445

Title: VPD () Delete
Name: RICHARD, FRISCH J
Address: 150 SARATOGA BLVD WEST
City-St-Zip: ROYAL PALM BEACH, FL 33411

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DONALD PAGE

DPT

09/22/2009

Electronic Signature of Signing Officer or Director

Date