2005 FOR PROFIT CORPORATION · ANNUAL REPORT

SIGNATURE:

FILED Jan 31, 2005 08:00 Al DOCUMENT # P98000040368 **Secretary of State** EZ MEDICAL SUPPLY INC. Principal Place of Business Mailing Address 4510 BAYVIEW DR. 4510 BAYVIEW DR. FT. LAUDERDALE, FL 33308 FT. LAUDERDALE, FL 33308 US 01062005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 59-3511299 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FRETWELL, HELEN DO NOT WRITE 4510 BAYVIEW DR. FT. LAUDERDALE, FL 33308 IN THIS SPACE 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 agen SIGNATURE ered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME FRETWELL, HELEN STREET ADDRESS 4510 BAYVIEW DR. CITY-ST-ZIP FT. LAUDERDALE, FL 33308 DILE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADORESS CITY-SI-7IP 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.