


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000004209 1. Entity Name LOYAL MEDICAL SUPPLY, INC.	
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Principal Place of Business 8600 NW SPOUTH RIVER DRIVE STE 233 MIAMI, FL 33166	Mailing Address 8600 NW SPOUTH RIVER DRIVE STE 233 MIAMI, FL 33166
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01262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0888927	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent RODRIGUEZ, CARMEN L 8600 NW SPOUTH RIVER DRIVE STE 233 MIAMI, FL 33166
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**DO NOT WRITE
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 agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

U000000039517
02/09/04-80009-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, CARMEN L 8600 NW S RIVER DR STE 233 MIAMI, FL 33166
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IN THIS SPACE**

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:  **2-2-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #