2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005
Secretary of State

DOCUMENT# P99000004209

Entity Name: LOYAL MEDICAL SUPPLY, INC.

Current Principal Place of Business:

7220 N.W. 36TH ST.
SUITE 618
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

7220 N.W. 36TH ST.
SUITE 618
MIAMI, FL 33166

New Mailing Address:

FEI Number: 65-0888927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RODRIGUEZ, CARMEN L
8600 NW SPOUTH RIVER DRIVE
STE 233
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

IGLESIAS, MANUEL E ESQ
121 ALHAMBRA PLAZA
10 FLOOR
CORAL GABLES, FL 33134 US

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: MANUEL E IGLESIAS 02/10/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RODRIGUEZ, CARMEN L
Address: 8600 NW S RIVER DR STE 233
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: GARCIA, YOANDRI
Address: 7220 N. W. 36 ST; SUITE 618
City-St-Zip: MIAMI, FL 33166

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: YOANDRI GARCIA DPS 02/10/2005
Electronic Signature of Signing Officer or Director Date