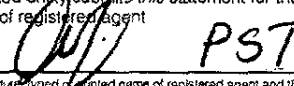
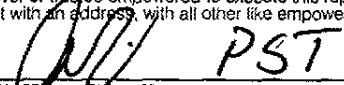


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000022151			
1. Entity Name COUNTINION MEDICAL SUPPLIES CORP.			
Principal Place of Business 1850 SW 8 STREET SUITE #207 MIAMI, FL 33135		Mailing Address 1850 SW 8 STREET SUITE #207 MIAMI, FL 33135	
DO NOT WRITE IN THIS SPACE			
			
		04272004 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-0901096		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, ADRIAN 1850 SW 8 STREET SUITE #207 MIAMI, FL 33135		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:  PST DATE: 04/27/04 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
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	
		U00000137473 04/29/04-80042-009 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		PST RODRIGUEZ, ADRIAN 1850 SW 8 ST, SUITE #207 MIAMI, FL 33135	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		V CARDELLA, MARIA C 1850 SW 8 ST, SUITE 207 MIAMI, FL 33135	
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
DO NOT WRITE 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)(f), 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:  PST DATE: 04/27/04 DAYTIME PHONE: 305/631-1001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			