2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2010
Secretary of State

DOCUMENT# P99000047998

Entity Name: COMPLETE MEDICAL SUPPLIES, INC.

Current Principal Place of Business:

10501 N.W. 50 STREET
SUITE 102
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

10501 N.W. 50 STREET
SUITE 102
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 65-0923748 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STURRUP, SCOTT
10501 N.W. 50 STREET
SUITE 102
SUNRISE, FL 33351 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VT
Name: HETTINGER, SANDY
Address: 1735 VESTAL WAY
City-St-Zip: CORAL SPRINGS, FL 33076

Title: PS
Name: STURRUP, SCOTT
Address: 6290 NW 105 WAY
City-St-Zip: PARKLAND, FL 33076

I hereby 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 all other like empowered.

SIGNATURE: SCOTT STURRUP P 04/29/2010

Electronic Signature of Signing Officer or Director — Date