

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000050249

Entity Name: HASCO MEDICAL, INC.

FILED
Mar 06, 2012
Secretary of State

Current Principal Place of Business:

1416 WEST I-65 SERVICE ROAD S.
MOBILE, AL 36693

New Principal Place of Business:

Current Mailing Address:

1416 WEST I-65 SERVICE ROAD S.
MOBILE, AL 36693

New Mailing Address:

FEI Number: 65-0924471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMPTON, HAL SR.
10 PAPAYA ST. #1401
CLEARWATER, FL 337672058 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

OFFICERS AND DIRECTORS:

Title: D
Name: COMPTON, HAL SR
Address: 1416 W. I-65 SERVICE ROAD S.
City-St-Zip: MOBILE, AL 36693

Title: CEOD
Name: COMPTON, HAL JR
Address: 1416 WEST I-65 SERVICE ROAD S.
City-St-Zip: MOBILE, AL 36693

Title: CFO
Name: PRIEST, ROBYN
Address: 1416 WEST I-65 SERVICE ROAD S.
City-St-Zip: MOBILE, AL 36693

Title: D
Name: MARGINSON, WILLIAM
Address: 1416 WEST I-65 SERVICE ROAD S.
City-St-Zip: MOBILE, AL 36693

Title: D
Name: MCCOOK, BARRY
Address: 1416 WEST I-65 SERVICE ROAD S.
City-St-Zip: MOBILE, AL 36693

Title: COO
Name: OLLIVIERRE, ALFREDO C
Address: 1416 W. I-65 SERVICE ROAD S.
City-St-Zip: MOBILE, AL 36693

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: HC

CEO

03/06/2012

Electronic Signature of Signing Officer or Director

Date