

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000052914

FILED
Aug 28, 2007
Secretary of State

Entity Name: ALL-STATES MEDICAL SUPPLY, INC.

Current Principal Place of Business:

5501 W. WATERS AVENUE
SUITE #400
TAMPA, FL 33634

New Principal Place of Business:

130 OVAL RD
SUITE #200
ARDEN, NC 28704

Current Mailing Address:

5501 W. WATERS AVENUE
SUITE #400
TAMPA, FL 33634

New Mailing Address:

130 OVAL RD
SUITE 200
ARDEN, NC 28704

FEI Number: 65-0927957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUESS, MARCUS A
5501 W. WATERS AVENUE
SUITE #400
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

SUESS, MARCUS A
130 OVAL RD
SUITE 200
ARDEN, FL 28704 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:

08/28/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SUESS, MARCUS A
Address: 5501 W. WATERS AVENUE, STE 400
City-St-Zip: TAMPA, FL 33634

Title: VP () Delete
Name: SUESS, CAROLYN L
Address: 5501 W WATERS AVE, STE 400
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SUESS, MARCUS A
Address: 130 OVAL RD, #200
City-St-Zip: ARDEN, NC 28704

Title: VP (X) Change () Addition
Name: SUESS, CAROLYN L
Address: 130 OVAL RD, #200
City-St-Zip: ARDEN, NC 28704

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CAROLYN SUESS

VP

08/28/2007

Electronic Signature of Signing Officer or Director

Date