

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000052914

FILED
Apr 30, 2008
Secretary of State

Entity Name: ALL-STATES MEDICAL SUPPLY, INC.

Current Principal Place of Business:

130 OVAL RD
SUITE #200
ARDEN, NC 28704

New Principal Place of Business:

Current Mailing Address:

130 OVAL RD
SUITE 200
ARDEN, NC 28704

New Mailing Address:

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
130 OVAL RD
SUITE 200
ARDEN, FL 28704 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: P () Delete
Name: SUESS, MARCUS A
Address: 130 OVAL RD, #200
City-St-Zip: ARDEN, NC 28704

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

04/30/2008

Electronic Signature of Signing Officer or Director

Date