


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000055402</b> 1. Entity Name <b>ACTIVE MEDICAL SUPPLY INC</b>	
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Principal Place of Business <b>1416 E FLETCHER AVE TAMPA, FL 33612</b>	Mailing Address <b>1416 E FLETCHER AVE TAMPA, FL 33612</b>
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01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3582808</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**HULLING, DON  
14008 SHADY SHORE DR  
TAMPA, FL 33613**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P HULLING, DON 14008 SHADY SHORES DRIVE TAMPA, FL 33613</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000381451  
01/11/06-80053-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 employment.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Don C. Hulling Pres* 12-31-05 813975910