

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000077576

FILED
Jan 11, 2005
Secretary of State

Entity Name: LAKES MEDICAL SUPPLIES AND DISTRIBUTION, INC.

Current Principal Place of Business:

7215 GLENEAGLE DRIVE
MIAMI LAKES, FL 33014

New Principal Place of Business:

3389 N.W. 97 AVE
SUITE 202
MIAMI, FL 33172 US

Current Mailing Address:

7215 GLENEAGLE DRIVE
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 65-0943427 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WRONSKI, CHARLES
7215 GLENEAGLE DRIVE
MIAMI LAKES, FL 33014 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: DP () Delete
Name: WRONSKI, CHARLES
Address: 7215 GLENEAGLE DR
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: S/T () Delete
Name: WRONSKI, EDWINA
Address: 7215 GLENEAGLE DR
City-St-Zip: MIAMI LAKES, FL 33014 US

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 for the exemption stated in Section 119.07(3)(i), 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: CHARLES WRONSKI

MR.

01/11/2005

Electronic Signature of Signing Officer or Director

Date