## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000095543

Name:

Address:

City-St-Zip:

YAFFE, LORNÉ S

7301A W PALMETTO PARK RD STE 100C

BOCA RATON, FL 334333403 US

Entity Name: FREEDOM MEDICAL SUPPLY INC

FILED Jan 29, 2009 Secretary of State

	e. TREED	OWNIEDIONE OUT ET, IIVO.			
Current Principal Place of Business:			New Principal Place of Business:		
	PALMETTO F TON, FL 334	ARK RD STE 100C 333403 US			
Current Mailing Address:			New Mailing Address:		
	PALMETTO F TON, FL 334	ARK RD STE 100C 333403 US			
FEI Number	: 65-0957747	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of	Current Registered Agent:	Name and Address of New Registered Agent:		
7301A W I BOCA RA The above	TON, FL 334	ARK RD STE 100C 333403 US	purpose of changing its registered	office or registered agent, or both,	
SIGNATUI					
Election Ca		onic Signature of Registered Ag	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	WEINROTH, Ì 7301A W PAL	) Delete ROBERT S METTO PARK RD STE 100C I, FL 334333403 US	Title: Name: Address: City-St-Zip:	)Change()Addition	
Title: Name: Address: City-St-Zip:	WEINROTH, I 7301A W PAL	) Delete PAMELA J METTO PARK RD STE 100C I, FL 334333403 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title <sup>.</sup>	D (	X) Delete	Title·	) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT S WEINROTH PRES 01/29/2009