


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90056 004 \*\*\*150.00

<b>DOCUMENT # P99000096380</b>					
1. Entity Name CAROLINA MEDICAL FURNISHINGS INC.					
Principal Place of Business 1005 NW 76 BLVD GAINESVILLE, FL 32606			Mailing Address 1005 NW 76 BLVD GAINESVILLE, FL 32606		
2. Principal Place of Business 112 SHALLOW BROOK DR. Suite, Apt. #, etc. COLUMBIA, SC		3. Mailing Address 112 SHALLOW BROOK DR. Suite, Apt. #, etc. COLUMBIA, SC		01272006 Chg-P CR2E034 (11/05)	
City & State 29223		City & State 29223		4. FEI Number 59-3622992	
Zip Country USA		Zip Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEVENS, SHARON 2801 WEST UNIVERSITY AVENUE GAINESVILLE, FL 32607			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, WAYNE 112 SHALLOW BROOK DR COLUMBIA, SC 29223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 empowered.					
SIGNATURE: <u>Wayne Thompson</u> Wayne Thompson 2/14/2006 888-206-2336 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					