

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V02525

FILED
Mar 16, 2005
Secretary of State

Entity Name: ADCO MEDICAL SUPPLIES, INC.

Current Principal Place of Business:

3400 S.W. 26TH TERRACE
SUITE A-9
FT. LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 185370
HAMDEN, CT 065180370 US

New Mailing Address:

FEI Number: 65-0302761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIRTEL, BURTON C
19533 ISLAND CT DR
BOCA RATON, FL 33434 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: PS () Delete
Name: FIRTEL, BURTON C.,
Address: 19533 ISLAND CT DR
City-St-Zip: BOCA RATON, FL 33434

Title: VT () Delete
Name: SAUNDERS, BARRY A.,
Address: 7101 RAIN FOREST DR
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VT (X) Change () Addition
Name: NORMA FIRTEL,
Address: 19533 ISLAND COURT DR.
City-St-Zip: BOCA RATON, FL 33434

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: BURTON C. FIRTEL

PRES

03/16/2005

Electronic Signature of Signing Officer or Director

Date