## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V56118

FILED Mar 20, 2006 Secretary of State

Entity Name: ADCO SOUTH MEDICAL SUPPLIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 2525 OLD OKEECHOBEE RD. SUITE 7-8 W. PALM BEACH, FL 33409 **New Mailing Address: Current Mailing Address:** P.O. BOX 1328 BANGOR, ME 04402 FEI Number: 65-0353345 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARRIS, MICHAEL 1645 PALM BEACH LAKES BLVD SUITE 550 WEST PALM BEACH, FL 33401 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition CLIFFORD, WILLIAM JR. WRIGHT, KAREN L Name: Name: 1292 HAMMOND STREET 1292 HAMMOND STREET Address: Address: City-St-Zip: BANGOR, ME 04401 City-St-Zip: BANGOR, ME 04401 Title: (X) Delete Title: () Change () Addition Name: WRIGHT, KAREN L Name: 1292 HAMMOND STREET Address: Address: BANGOR, ME 04401 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: KAREN L. WRIGHT P 03/20/2006