

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000120551

Entity Name: LIFE MEDICAL SUPPLIER.COM, INC.

Current Principal Place of Business:

10204 NW 47 STREET
SUNRISE, FL 33351

Current Mailing Address:

10204 NW 47 STREET
SUNRISE, FL 33351 US

FEI Number: 20-3397230

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ORTEGON, NOHORA
9831 NW 2ND STREET
PLANTATION, FL 33324 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

Officer/Director Detail :

Title PD
Name ORTEGON, NOHORA
Address 9831 NW 2ND STREET
City-State-Zip: PLANTATION FL 33324

I hereby 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 all other like empowered.

SIGNATURE: NOHORA ORTEGON

OWNER

01/04/2014

Electronic Signature of Signing Officer/Director Detail

Date