

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000041275

Entity Name: WINMILL MEDICAL SUPPLY AND EQUIPMENT, INC.

Current Principal Place of Business:

6230 W OAKLAND PARK BLVD
SUNRISE, FL 33313

Current Mailing Address:

PO BOX 190346
FT LAUDERDALE, FL 33319 US

FEI Number: 26-2477703

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, WINSTON
6230 W OAKLAND PARK BLVD
SUNRISE, FL 33313 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 CEO
Name WILLIAMS, WINSTON
Address 6230 W OAKLAND PARK BLVD
City-State-Zip: SUNRISE FL 33313

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: WINSTON WILLIAMS

PRESIDENT

04/14/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date