

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000108034

**Entity Name:** CRISTIA MEDICAL SUPPLY, INC.

**Current Principal Place of Business:**

6282 S MILITARY TRL STE. 703  
LAKE WORTH, FL 33463

**Current Mailing Address:**

6282 S MILITARY TRL STE. 703  
LAKE WORTH, FL 33463 US

**FEI Number: 36-4645337**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CRISTIA, CRISTOPHER C  
6282 S MILITARY TRL STE. 703  
LAKE WORTH, FL 33463 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 D  
Name CRISTIA, CRISTOPHER C  
Address 6282 S MILITARY TRL STE. 703  
City-State-Zip: LAKE WORTH FL 33463

Title P  
Name CRISTIA, CRISTOPHER C  
Address 6282 S MILITARY TRL STE. 703  
City-State-Zip: LAKE WORTH FL 33463

Title VP  
Name CRISTIA, CRISTOPHER C  
Address 6282 S MILITARY TRL STE. 703  
City-State-Zip: LAKE WORTH FL 33463

Title T  
Name CRISTIA, CRISTOPHER C  
Address 6282 S MILITARY TRL STE. 703  
City-State-Zip: LAKE WORTH FL 33463

Title S  
Name CRISTIA, CRISTOPHER C  
Address 6282 S MILITARY TRL STE. 703  
City-State-Zip: LAKE WORTH FL 33463

*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: CRISTOPHER CRISTIA**

**PRESIDENT**

**04/24/2013**

Electronic Signature of Signing Officer/Director Detail

Date