

2014 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

04/22/2014

Electronic Signature of Signing Officer/Director Detail

Date