

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000059701

Entity Name: 4 STAR MEDICAL SUPPLIES, INC.

Current Principal Place of Business:

6480 NW 24TH CT
SUNRISE, FL 33313

Current Mailing Address:

6480 NW 24TH CT
SUNRISE, FL 33313

FEI Number: 46-0551875

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MITRE ACCOUNTING GROUP, LLC
15701 SR 50
206
CLERMONT, FL 34711 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 PRES
Name BLACK, THELMA
Address 6480 NW 24TH CT
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: THELMA BLACK

OWNER

04/30/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date