

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000093410

FILED
May 06, 2005
Secretary of State

Entity Name: DOCTORS MEDICAL SUPPLIES, INC.

Current Principal Place of Business:

28 CALLE FERNANDEZ GFARCIA
LOCAL 2
LUQUILLO, PR 00773 US

New Principal Place of Business:

28 CALLE FERNANDEZ GARCIA
LOCAL 2
LUQUILLO, PR 00773 US

Current Mailing Address:

3636 SW 87TH AVENUE
MIAMI, FL 33165

New Mailing Address:

FEI Number: 65-0542193 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMRUD RIOS, RABINDRANAUT
3656 SW 87 AVNEU
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AMRUD RIOS, RABINDRANAUT R
Address: CALLE D CASA 4
City-St-Zip: PONCE, PR 00731 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RABINDRANAUT AMRUD

PRES

05/06/2005

Electronic Signature of Signing Officer or Director

_____ Date