

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211504216

1.) CORPORATION NAME:

DIRECT MEDICAL EQUIPMENT AND SUPPLIES, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

11 S 12TH ST

PO BOX 1463

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

DUE DATE: **3/31/2011**

SCC ID NO: **F0605693**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7400 BEAUFONT SPRINGS DRIVE, STE. 560

CITY/ST/ZIP: RICHMOND, VA 23225-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MICHAEL SICILIAN OFFICER DIRECTOR
TITLE: PRESIDENT
ADDRESS: 25B WREELAND ROAD SUITE 300
CITY/ST/ZIP/CO: FLORHAM PARK, NJ 07932-

NAME: TERESA H DICARO OFFICER DIRECTOR
TITLE: EXEC VP
ADDRESS: 25-B VREELAND RD STE 300
CITY/ST/ZIP/CO: FLORHAM PARK, NJ 07932-

NAME: STEPHEN J ANDREW OFFICER DIRECTOR
TITLE: CFO/COO/T/S
ADDRESS: 25-B VREELAND RD STE 300
CITY/ST/ZIP/CO: FLORHAM PARK, NJ 07932-

NAME: GEORGE FOTIADES OFFICER DIRECTOR
TITLE: CHAIRMAN
ADDRESS: 25B VREELAND ROAD STE 300
CITY/ST/ZIP/CO: FLORHAM PARK, NJ 07932-

NAME: DOUGLAS A PRESENT OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 25B VREELAND RD STE 300
CITY/ST/ZIP/CO: FLORHAM PARK, NJ 07932-

NAME: MICHAEL LANGER TITLE: DIRECTOR ADDRESS: 280 PARK AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10017-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ARI BENACERRAF TITLE: DIRECTOR ADDRESS: 280 PARK AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10017-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL RANGER TITLE: DIRECTOR ADDRESS: 280 PARK AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10017-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BRIAN WHEELAN TITLE: DIRECTOR ADDRESS: 500 UNICORN PARK DRIVE CITY/ST/ZIP/CO: WOBURN, MA 01801-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BARRY FREEDMAN TITLE: DIRECTOR ADDRESS: 5501 OLD YORK ROAD CITY/ST/ZIP/CO: PHILADELPHIA, PA 19141-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ STEPHEN J ANDREW _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEPHEN J ANDREW, CFO/COO/T/S _____ PRINTED NAME AND CORPORATE TITLE
_____ DATE	
2/22/2011	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	