

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90892 009 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 637574

Entity Name
MEDICAL SPECIALTY PRODUCTS, INC.

Principal Place of Business
**1072 D E NEWPORT CENTER DR.
DEERFIELD BEACH FL 33442
US**

Mailing Address
**1072 D E NEWPORT CENTER DR.
DEERFIELD BEACH FL 33442
US**



Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FLI Number
59-1936317
Applied For
 NOT Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**FEINGOLD, MIKE
798 NE 71 ST
BOCA RATON FL 33487**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
Signature, typed in printed name of registered agent and file if applicable. (NOTE: Designated Agent signature required when not starting) DATE _____

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!! FEES \$150.00
After May 1, 2002 Fee will be \$500.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS		
NAME STREET ADDRESS CITY-STATE-ZIP	PSTD FEINGOLD, MIKE 1072 D E NEWPORT CTR DR DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE: *Mike Feingold*
Signature and typed name of designated agent or director

4 30 02
Date

Received Time-Apr. 30.-11:21AM

CR05034 10/01