


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90015 045 ***150.00

DOCUMENT # F03000001250
 1. Entity Name
MEDICAL DELIVERY SERVICES OF NEW YORK, INC.



40007024

Principal Place of Business: 441 CARNATION AVE. FLORAL PARK, NY 11001
 Mailing Address: 2901 WEST BUSCH BLVD. SUITE 805 TAMPA, FL 33618



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

01142005 Chg-P CR2E034 (10/03)

4. FEI Number: 11-2445272
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 PHILLIPS, PAUL B
 2901 WEST BUSCH BLVD., SUITE 805
 TAMPA, FL 33618

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

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00, May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: VD NAME: PHILLIPS, GEORGE F STREET ADDRESS: 411 CARNATION AVE. CITY-ST-ZIP: FLORAL PARK, NY 11001	<input checked="" type="checkbox"/> Delete
TITLE: PD NAME: PHILLIPS, PAUL B STREET ADDRESS: 2901 W. BUSCH BLVD., SUITE 805 CITY-ST-ZIP: TAMPA, FL 33618	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <i>President</i> NAME: <i>Phillips Paul B</i> STREET ADDRESS: <i>411 CARNATION AVE</i> CITY-ST-ZIP: <i>FLORAL PARK, NY 11001</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE: *[Signature]* *Paul B Phillips* *1/18/05* *P13* *931-0107*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

President