

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 586858

**Entity Name:** MEDMASTER CORPORATION

**Current Principal Place of Business:**

360 N.E. 191ST ST  
MIAMI, FL 33179

**Current Mailing Address:**

PO BOX 640028  
MIAMI, FL 33164 US

**FEI Number:** 59-1850453

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MICHAEL, FRANZ  
2425 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020 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 PD  
Name GOLDBERG, STEPHEN  
Address 3337 HOLLYWOOD OAKS DRIVE  
City-State-Zip: FT LAUDERDALE FL 33312

Title S/T  
Name GOLDBERG, HARRIET  
Address 3337 HOLLYWOOD OAKS DRIVE  
City-State-Zip: FT LAUDERDALE FL 33312

Title VP  
Name GOLDBERG, MICHAEL  
Address 3337 HOLLYWOOD OAKS DR  
City-State-Zip: FT LAUDERDALE FL 33312

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:** STEPHEN GOLDBERG

**PRESIDENT**

**01/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date