| Entity Name: MEDPLUS SUPPLY, INC   |  |         | Secretary of State                |
|--|--|---------|-----------------------------------|
| Current Principal Place of Business: 2694035523CC  |  |         |                                   |
| 241 188 STREE<br>SUNNY ISI ES  | ET<br>BEACH, FL 33160                    |         |                                   |
|  |  |         |                                   |
| Current Mailing Address:   |  |         |                                   |
| 241 188 STF  |  |         |                                   |
| SUNNY ISLE   | ES BEACH, FL 33160 US                    |         |                                   |
| FEI Number: APPLIED FOR Certi  |  |         | Certificate of Status Desired: No |
| Name and Address of Current Registered Agent:  |  |         |                                   |
| GERSHGORIN, FELIX PRESIDENT<br>241 188 STREET  |  |         |                                   |
| SUNNY ISLES BEACH, FL 33160 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: FELIX GERSHGORIN  |  |         | 03/10/2020                        |
|  | Electronic Signature of Registered Agent |         | Date                              |
| Officer/Director Detail :  |  |         |                                   |
| Title  | PS                                       | Title   | VT                                |
| Name   | GERSHGORIN, FELIX                        | Name    | GERSHGORIN, OREN                  |
| Address  | 241 188 STREET                           | Address | 241 188 STREET                    |

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: FELIX GERSHGORIN

PRESIDENT

City-State-Zip: SUNNY ISLES BEACH FL 33160

03/10/2020

FILED Mar 10, 2020

Electronic Signature of Signing Officer/Director Detail

## 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000077901

City-State-Zip: SUNNY ISLES BEACH FL 33160

Date