

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000077901

**Entity Name:** MEDPLUS SUPPLY, INC

**Current Principal Place of Business:**

288 188 STREET  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

288 188 STREET  
SUNNY ISLES BEACH, FL 33160

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

NERDINSKY LAW GROUP, P.A.  
3800 S OCEAN DR  
242  
HOLLYWOOD, FL 33019 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	PS	Title	VT
Name	GERSHGORIN, FELIX	Name	GERSHGORIN, OREN
Address	288 188 ST	Address	288 188 ST
City-State-Zip:	SUNNY ISLES BEACH FL 33180	City-State-Zip:	SUNNY ISLES BEACH FL 33160

*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:** GERSHGORIN , FELIX

PS

01/08/2019

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

\_\_\_\_\_  
Date