

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000066193

**Entity Name:** MDS DISTRIBUTORS CORP.

**Current Principal Place of Business:**

3901 NW 79TH AVE SUITE 245 #2092  
MIAMI, FL 33166

**Current Mailing Address:**

3901 NW 79TH AVE SUITE 245 #2092  
MIAMI, FL 33166 US

**FEI Number:** 85-2769059

**Certificate of Status Desired:** No

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

LEGALINC CORPORATE SERVICES INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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 DIR  
Name KORSINSKY, CHAVA  
Address 3901 NW 79TH AVE SUITE 245 #2092  
City-State-Zip: MIAMI FL 33166

Title DIR  
Name GAULT, PAMELA  
Address 3901 NW 79TH AVE SUITE 245 #2092  
City-State-Zip: MIAMI FL 33166

Title DIR  
Name SCHUSTER, STEVEN  
Address 3901 NW 79TH AVE SUITE 245 #2092  
City-State-Zip: MIAMI FL 33166

*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:** CHAVA KORSINSKY

DIR

04/19/2023

Electronic Signature of Signing Officer/Director Detail

Date