

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000002781

Entity Name: ACE SURGICAL SUPPLY CO., INC.**Current Principal Place of Business:**1034 PEARL STREET
BROCKTON, MA 02301**Current Mailing Address:**1034 PEARL STREET
BROCKTON, MA 02301 US**FEI Number:** 04-2428967**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	DIRECTOR	Title	PRESIDENT, DIRECTOR
Name	CARCHIDI, J. EDWARD	Name	CARCHIDI, CRAIG
Address	1034 PEARL STREET	Address	1034 PEARL STREET
City-State-Zip:	BROCKTON MA 02301	City-State-Zip:	BROCKTON MA 02301
Title	MARKETING DIRECTOR	Title	SECRETARY, VP
Name	CARCHIDI, CHRISTOPHER	Name	ETTINGER, MICHAEL S.
Address	1034 PEARL STREET	Address	135 DURYEA ROAD
City-State-Zip:	BROCKTON MA 02301	City-State-Zip:	MELVILLE NY 11747
Title	DIRECTOR, EXECUTIVE VP	Title	DIRECTOR
Name	MLOTEK, MARK E.	Name	BERGMAN, STANLEY M.
Address	135 DURYEA ROAD	Address	135 DURYEA ROAD
City-State-Zip:	MELVILLE NY 11747	City-State-Zip:	MELVILLE NY 11747
Title	EXECUTIVE VP, TREASURER	Title	DIRECTOR
Name	PALADINO, STEVEN	Name	SHOFF, LONNIE
Address	C/O HENRY SCHEIN, INC. 135 DURYEA ROAD, E-365	Address	135 DURYEA RD
City-State-Zip:	MELVILLE NY 11747	City-State-Zip:	MELVILLE NY 11747

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: MICHAEL S. ETTINGER**SECRETARY****04/28/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date