

2023 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, EXECUTIVE CHAIRMAN,
ASST. SECRETARY
Name CARCHIDI, CRAIG
Address 1034 PEARL STREET
City-State-Zip: BROCKTON MA 02301

Title VP
Name CARCHIDI, CHRISTOPHER
Address 1034 PEARL STREET
City-State-Zip: BROCKTON MA 02301

Title SECRETARY
Name ETTINGER, MICHAEL S.
Address 135 DURYEA ROAD
City-State-Zip: MELVILLE NY 11747

Title DIRECTOR
Name MLOTEK, MARK E.
Address 135 DURYEA ROAD
City-State-Zip: MELVILLE NY 11747

Title DIRECTOR
Name BERGMAN, STANLEY M.
Address 135 DURYEA ROAD
City-State-Zip: MELVILLE NY 11747

Title DIRECTOR
Name LUGASSY , MIKE
Address 1034 PEARL STREET
City-State-Zip: BROCKTON MA 02301

Title DIRECTOR, VP
Name ALEXANDER , WILLIAM D.
Address 1034 PEARL STREET
City-State-Zip: BROCKTON MA 02301

Title DIRECTOR
Name WILLI, RENE
Address 1034 PEARL STREET
City-State-Zip: BROCKTON MA 02301

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****04/21/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date