

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000005572

**Entity Name:** MEDICAL ACCESSORIES & SUPPLY HEADQUARTERS, INC.

**FILED**  
**Feb 17, 2016**  
**Secretary of State**  
**CC9421042957**

**Current Principal Place of Business:**

1130 HIGHWAY 31 SOUTH  
ALABASTER, AL 35007

**Current Mailing Address:**

1130 HIGHWAY 31 SOUTH  
ALABASTER, AL 35007

**FEI Number: 63-0798076**

**Certificate of Status Desired: No**

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

AGRO, DOT  
1505-B S. FERDON BLVD.  
CRESTVIEW, FL 32536 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            PC  
Name            HORN D.M.D., GREGORY L  
Address        1130 HIGHWAY 31 SOUTH  
City-State-Zip: ALABASTER AL

Title            DV  
Name            BORDENCA, D.M.D., CHARLES  
Address        1130 HIGHWAY 31 SOUTH  
City-State-Zip: ALABASTER AL

*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: HORN D.M.D. , GREGORY L**

**PC**

**02/17/2016**

Electronic Signature of Signing Officer/Director Detail

Date