

FILED
Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90078 025 ***150.00

1. Entity Name
MEDICAL SPECIALTY PRODUCTS, INC.

03-02-2001 90078 025 ***150.00

1. The first step in the process is to identify the problem. This involves gathering information about the situation and understanding the needs of the stakeholders involved.

2. Once the problem is identified, the next step is to develop a plan. This involves setting goals, identifying resources, and determining the steps that need to be taken to address the problem.

3. The third step is to implement the plan. This involves putting the plan into action and monitoring progress to ensure that the goals are being met.

4. Finally, the fourth step is to evaluate the results. This involves assessing the effectiveness of the plan and making adjustments as needed to improve the outcome.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1072 D E NEWPORT CENTER DR. DEERFIELD BEACH FL 33442 US		Mailing Address 1072 D E NEWPORT CENTER DR. DEERFIELD BEACH FL 33442 US		<div>Barcode</div> <div>DO NOT WRITE IN THIS SPACE</div>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent FEINGOLD, MIKE 798 NE 71 ST BOCA RATON FL 33487		4. FEI Number 59-1936317		Applied For Not Applicable	
5. Certificate of Status Desired		8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
Name		Street Address (P.O. Box Number is Not Acceptable)			
City		FL Zip Code			
8. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution.	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FEINGOLD, MIKE 1072 D E NEWPORT CTR DR DEERFIELD BEACH FL 33442	Change Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	Change Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	Change Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	Change Addition			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (10/00)