

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001250

FILED
Feb 15, 2006
Secretary of State

Entity Name: MEDICAL DELIVERY SERVICES OF NEW YORK, INC.

Current Principal Place of Business:

441 CARNATION AVE.
FLORAL PARK, NY 11001

New Principal Place of Business:

2901 W BUSCH BLVD
SUITE 805
TAMPA, FL 33618

Current Mailing Address:

2901 WEST BUSCH BLVD. SUITE 805
TAMPA, FL 33618

New Mailing Address:

PO BOX 273510
TAMPA, FL 33688

FEI Number: 11-2445272

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, PAUL B
2901 WEST BUSCH BLVD., SUITE 805
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

PHILLIPS, PAUL B
2901 WEST BUSCH BLVD
SUITE 805
TAMPA, FL 33618 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:

02/15/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PHILLIPS, GEORGE F
Address: 411 CARNATION AVE.
City-St-Zip: FLORAL PARK, NY 11001

Title: PD () Delete
Name: PHILLIPS, PAUL B
Address: 2901 W. BUSCH BLVD., SUITE 805
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PHILLIPS, PAUL B
Address: 2901 W BUSCH BLVD #805
City-St-Zip: TAMPA, FL 33618

Title: VP (X) Change () Addition
Name: PASQUOTTO, CARLOS J
Address: 2901 W. BUSCH BLVD., SUITE 805
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CARLOS J PASQUOTTO

VP

02/15/2006

Electronic Signature of Signing Officer or Director

Date