

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001763

FILED
Jul 09, 2007
Secretary of State

Entity Name: MEDICAL SOLUTIONS SUPPLIER, INC.

Current Principal Place of Business:

9 LACRUE ST., SUITE 2
CONCORDVILLE, PA 19331

New Principal Place of Business:

9 LACRUE ST., SUITE 2
GLEN MILLS, PA 19342

Current Mailing Address:

9 LACRUE ST., SUITE 2
CONCORDVILLE, PA 19331

New Mailing Address:

9 LACRUE ST., SUITE 2
GLEN MILLS, PA 19342

FEI Number: 23-2788758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KANTOR, STEVEN
Address: 9 LACRUE ST., SUITE 2
City-St-Zip: CONCORDVILLE, PA 19331

Title: V () Delete
Name: COEN, ROSEMARY
Address: 9 LACRUE ST., SUITE 2
City-St-Zip: CONCORDVILLE, PA 19331

Title: V () Delete
Name: HARRISON, GARY
Address: 9 LACRUE ST., SUITE 2
City-St-Zip: CONCORDVILLE, PA 19331

Title: T () Delete
Name: CARBERRY, JOSEPH
Address: 9 LACRUE ST., SUITE 2
City-St-Zip: CONCORDVILLE, PA 19331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KANTOR, STEVEN
Address: 9 LACRUE ST., SUITE 2
City-St-Zip: GLEN MILLS, PA 19342

Title: V (X) Change () Addition
Name: COEN, ROSEMARY
Address: 9 LACRUE ST., SUITE 2
City-St-Zip: GLEN MILLS, PA 19342

Title: V (X) Change () Addition
Name: HARRISON, GARY
Address: 9 LACRUE ST., SUITE 2
City-St-Zip: GLEN MILLS, PA 19342

Title: T (X) Change () Addition
Name: CARBERRY, JOSEPH
Address: 9 LACRUE ST., SUITE 2
City-St-Zip: GLEN MILLS, PA 19342

I hereby certify that the information supplied with this filing does not qualify 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: STEVEN KANTOR

PRES

07/09/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date