

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001763

FILED
Feb 16, 2011
Secretary of State

Entity Name: MEDICAL SOLUTIONS SUPPLIER, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

Title: V
Name: CARBERRY, JOSEPH
Address: 9 LACRUE ST., SUITE 2
City-St-Zip: GLEN MILLS, PA 19342

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

Title: T
Name: HARCOURT, CYNTHIA
Address: 9 LACRUE ST., SUITE 2
City-St-Zip: GLEN MILLS, PA 19342

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: STEVE KANTOR

MR

02/16/2011

Electronic Signature of Signing Officer or Director

Date