

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90036 007 \*\*\*150.00

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03082007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # F06000005840</b> 1. Entity Name <b>MEDICAL SUPPLY GROUP, INC.</b>					
Principal Place of Business <b>2101 NW 33RD ST STE 600 POMPANO BEACH, FL 33069</b>			Mailing Address <b>P O BOX 27626 RICHMOND, VA 23261</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-5288217</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>NRAI SERVICES INC 2731 EXECUTIVE PARK DR STE 4 WESTON, FL 33331</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOC SMITH, CRAIG R 2101 NW 33RD ST POMPANO BEACH, FL 33069</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Richard F. Bozard 9120 Lockwood Blvd. Mechanicsville, VA 23116</b>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPD DEN HARTOG, GRACE R 2101 NW 33RD ST POMPANO BEACH, FL 33069</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP, Controller Olwen B. Cape 9120 Lockwood Blvd. Mechanicsville, VA 23116</b>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPD KACZKA, JEFFREY 2101 NW 33RD ST POMPANO BEACH, FL 33069</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President William K. Stocksdales 2101 NW 33RD ST Pompano Beach, FL 33069</b>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPD COLPO, CHARLES 2101 NW 33RD ST POMPANO BEACH, FL 33069</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WALLACE, DAVID A 2101 NW 33RD ST POMPANO BEACH, FL 33069</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP WARGO, NATALIE 2101 NW 33RD ST POMPANO BEACH, FL 33069</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Natalie Wargo</i>			3/8/07 804-723-7560		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

**MEDICAL SUPPLY GROUP, INC.**

**ATTACHMENT**

State of incorporation: Virginia

Date of Incorporation: 07/26/06

Tax ID: 20-5288217

Registered Agent: VA- Grace R. den Hartog

All other states: National Registered Agents, Inc.

10,000 shares authorized

600 26270

# F06000005840

**Registered to conduct business in the following states:**

Florida

Virginia

**Directors:**

Craig R. Smith - Chairman

Grace R. den Hartog

Jeffrey Kaczka

Charles C. Colpo

**Officers:**

Craig R. Smith

Charles C. Colpo

Grace R. den Hartog

Jeffrey Kaczka

Richard F. Bozard

Olwen B. Cape

Natalie Wargo

William K. Stocksdaile

Chief Executive Officer

Senior Vice President, Operations

Senior Vice President, General Counsel & Corporate Secretary

Senior Vice President, Chief Financial Officer

Vice President, Treasurer

Vice President, Controller

Vice President, Tax

Vice President