

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005840

Entity Name: MEDICAL SUPPLY GROUP, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

1801 W. SAMPLE ROAD
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

P O BOX 27626
RICHMOND, VA 23261

New Mailing Address:

FEI Number: 20-5288217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES INC
2731 EXECUTIVE PARK DR
STE 4
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOC () Delete
Name: SMITH, CRAIG R
Address: 1801 W SAMPLE ROAD
City-St-Zip: DEERFIELD BEACH, FL 33064

Title: SVPD () Delete
Name: DEN HARTOG, GRACE R
Address: 1801 W SAMPLE RD.
City-St-Zip: POMPANO BEACH, FL 33064

Title: VP () Delete
Name: BLERMAN, JAMES
Address: 1801 W SAMPLE RD.
City-St-Zip: DEERFIELD BEACH, FL 33064

Title: SVPD () Delete
Name: COLPO, CHARLES
Address: 1801 W SAMPLE RD.
City-St-Zip: DEERFIELD BEACH, FL 33064

Title: VP () Delete
Name: BOZARD, RICHARD F
Address: 1801 W SAMPLE RD.
City-St-Zip: DEERFIELD BEACH, FL 33064

Title: VP () Delete
Name: WARGO, NATALIE
Address: 1801 W SAMPLE RD.
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NATALIE WARGO

VP

04/28/2009

Electronic Signature of Signing Officer or Director

Date