2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2011
Secretary of State

DOCUMENT# F06000005840

Entity Name: MEDICAL SUPPLY GROUP, INC.

Current Principal Place of Business:

14599 NW 8TH STREET
SUNRISE, FL 33325 US

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:

REGISTERED AGENT SOLUTIONS, INC
155 OFFICE PLAZA DRIVE
STE A
TALLAHASSEE, FL 32301 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: CEOC
Name: SMITH, CRAIG R
Address: 1801 W SAMPLE ROAD
City-St-Zip: DEERFIELD BEACH, FL 33064

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

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

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

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

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

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: NATALIE WARGO VP 04/12/2011

Electronic Signature of Signing Officer or Director Date