

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90019 006 ***550.00

DOCUMENT # **G02830**
 Entity Name **Medical Supplies of America**

Principal Place of Business **81 SPENCE STREET BAYSHORE NY 11706**
 Mailing Address **81 SPENCE ST. BAYSHORE NY 11706-2206**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-2229108**
 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
NATIONAL CORPORATE RESEARCH LTD INC.
406 HAYS STREET
ALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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.
 SIGNATURE _____
Signature, typed or printed name of registered agent and, where applicable, (NOTE: Registered Agent's signature required when re-instating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
VF	TRENTACOSTA, JOSEPH	25 W. ELM ST	GREENWICH CT 06830	<input checked="" type="checkbox"/>
VA	SCHERER, BARBARA	98 W. GATE DR.	HUNTINGTON NY 11743	<input checked="" type="checkbox"/>
VO	LIGUORI, RALPH	699 TOWERS MEWS	OAKDALE NY 11759	<input checked="" type="checkbox"/>
EVSM	WINOCUR, PETER	14 WOODLEE RD.	COLD SPRING HARBOR NY 11724	<input checked="" type="checkbox"/>
VGC	KOTODNY, RICHARD	44 SPRING CT.	MUTTONTOWN NY 11791	<input checked="" type="checkbox"/>
P	SCHAWRTZ, JEFFERY	41 ROSLYN CT.	JEFFERSON NY 11777	<input checked="" type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
(SEE ATTACHED)					

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

(Handwritten signatures and dates)
 Tax Manager 6/14/00