

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91525 049 ***150.00

DOCUMENT # G02830

1. Entity Name
MEDICAL SUPPLIES OF AMERICA, INC.

Principal Place of Business

81 SPENCE ST
BAYSHORE NY 11706
US

Mailing Address

81 SPENCE ST
BAYSHORE NY 11706
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

NATIONAL CORPORATE RESEARCH, LTD, INC.
1406 HAYS STREET., STE 2
TALLAHASSEE FL 32301

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	HILTON, DAVID	
STREET ADDRESS	81 SPENCE ST	
CITY-ST-ZIP	BAYSHORE NY 11706	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	JOFFRED, MICHAEL	
STREET ADDRESS	81 SPENCE ST	
CITY-ST-ZIP	BAYSHORE NY 11706	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OPLADEN, THOMAS	
STREET ADDRESS	81 SPENCE ST	
CITY-ST-ZIP	BAY SHORE NY 11706	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NICOLETTI, WILLIAM	
STREET ADDRESS	81 SPENCE ST	
CITY-ST-ZIP	BAY SHORE NY 11706	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUBRANO, LOUIS A	
STREET ADDRESS	81 SPENCE ST	
CITY-ST-ZIP	BAY SHORE NY 11706	
TITLE	VPSM	<input checked="" type="checkbox"/> Delete
NAME	WINDCUR, PETER	
STREET ADDRESS	81 SPENCE ST	
CITY-ST-ZIP	BAY SHORE NY 11706	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	(see attached)	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

CORPORATE OFFICERS
2935 Northeast Parkway
Atlanta, GA 30360

434852
Attachment
#G02830

NAME	TITLE
Michael A. Joffred	800.347.5678 President & CEO
Michael Alan Crouch	COO Chief Operating Officer & Executive Vice President
Wyane Cersey	CFO
Cherie L. Antoniazzi (Sanderson)	Board Director and SR. VP of HR