


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90819 001 ***300.00

1018564 AT

DOCUMENT # 602830
1. Entity Name Medical Supplies America Inc



Principal Place of Business 91 SPENCE STREET BAYSHORE NY 11706
Mailing Address 91 SPENCE STREET BAYSHORE NY 11706

2. Principal Place of Business 2935 NE Pkwy
3. Mailing Address
Suite, Apt. #, etc.

City & State Atlanta GA
City & State
Zip 30360 Country Gwinnett

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>CEO</u> <u>JOFFRED, MICHEAL A</u> <u>2935 NORHTEAST PKWY</u> <u>ATLANTA GA 30360</u> | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>COO</u> <u>CROUCH, MICHEAL A</u> <u>2935 NORHTEAST PKWY</u> <u>ATLANTA GA 30360</u> | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>CEO</u> <u>CERSEY, WYANE</u> <u>2935 NORHTEAST PKWY</u> <u>ATLANTA GA 30360</u> | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>Matt Diaz CFO</u> <u>2935 NE Pkwy</u> <u>Atlanta GA-30360</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>BOVP</u> <u>ANTONIAZZI, CHERIE</u> <u>2935 NORHTEAST PKWY</u> <u>ATLANTA GA 30360</u> | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 4/28