

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

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.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Atlanta GA

City & State

Atlanta GA

Zip

30360

Country

Gwinnett

Zip

30360

Country

USA

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(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

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	JOFFRED, MICHEAL A	
STREET ADDRESS	2835 NORHEAST PKWY	
CITY-ST-ZIP	ATLANTA GA 30360	
TITLE	COO	<input type="checkbox"/> Delete
NAME	CROUCH, MICHEAL A	
STREET ADDRESS	2835 NORHEAST PKWY	
CITY-ST-ZIP	ATLANTA GA 30360	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	CERSEY, WYANE	
STREET ADDRESS	2835 NORHEAST PKWY	
CITY-ST-ZIP	ATLANTA GA 30360	
TITLE	BOVP	<input type="checkbox"/> Delete
NAME	ANTONIAZZI, CHERIE	
STREET ADDRESS	2835 NORHEAST PKWY	
CITY-ST-ZIP	ATLANTA GA 30360	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MATT DIAZ CFO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2935 NE PKWY	
STREET ADDRESS	Atlanta GA-30360	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

(X) M

(X) 4/28

Deputy Phone #