

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 27, 2011
Secretary of State

DOCUMENT# N05000004848

Entity Name: THE MEDICAL STORE OF PALM BEACH COUNTY, INC.**Current Principal Place of Business:**5300 EAST AVENUE
WEST PALM BEACH, FL 33407**New Principal Place of Business:****Current Mailing Address:**5300 EAST AVENUE
WEST PALM BEACH, FL 33407**New Mailing Address:****FEI Number:** 20-2835810**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**O'DONNELL, MICHELE
5300 EAST AVENUE
WEST PALM BEACH, FL 33407 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: P
Name: FIELDING, DAVID
Address: 5300 EAST AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP
Name: CALCOTE, RICHARD
Address: 5300 EAST AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: C
Name: JOHN, MARINO
Address: 5300 EAST AVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VC
Name: MITCHELL, JUDITH
Address: 5300 EAST AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: T
Name: LEVITT, RANDY
Address: 5300 EAST AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: S
Name: DAUB, SUSAN
Address: 5300 EAST AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD F. CALCOTE

CFO

06/27/2011

Electronic Signature of Signing Officer or Director

Date