

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004389

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** MEDICAL SUPPORT SERVICES, INC.

**Current Principal Place of Business:**

1000 118TH AVENUE NORTH  
1002  
ST. PETERSBURG, FL 33716

**New Principal Place of Business:**

7887 BRYAN DAIRY ROAD  
SUITE 190  
LARGO, FL 33777

**Current Mailing Address:**

P.O. BOX 66758  
ST. PETE BEACH, FL 33736

**New Mailing Address:**

**FEI Number:** 71-1031857

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KADOURA, BRUCE  
1000 118TH AVENUE NORTH  
1002  
ST. PETERSBURG, FL 33716 US

**Name and Address of New Registered Agent:**

KADOURA, BRUCE  
7887 BRYAN DAIRY ROAD  
SUITE 190  
LARGO, FL 33777 US

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: BRUCE KADOURA

04/27/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: KADOURA, BRUCE  
Address: 1000 118TH AVENUE NORTH, #1002  
City-St-Zip: ST. PETERSBURG, FL 33716

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: KADOURA, BRUCE  
Address: 7887 BRYAN DAIRY ROAD  
City-St-Zip: LARGO, FL 33777

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BRUCE KADOURA

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date