

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000004389

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

7887 BRYAN DAIRY ROAD  
SUITE 190  
LARGO, FL 33777

**New Principal Place of Business:**

1135 PASADENA AVENUE  
SUITE 315  
SOUTH PASADENA, FL 33707

**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  
7887 BRYAN DAIRY ROAD  
SUITE 190  
LARGO, FL 33777 US

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

KADOURA, BRUCE  
1135 PASADENA AVENUE  
SUITE 315  
SOUTH PASADENA, FL 33707 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

04/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: KADOURA, BRUCE  
Address: PO BOX 66758  
City-St-Zip: ST. PETE BEACH, FL 33736

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: BRUCE KADOURA

PRES

04/20/2011

Electronic Signature of Signing Officer or Director

Date