



**FILED**  
**Mar 09, 2007 8:00 am**  
**Secretary of State**

03-09-2007 90002 022 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P00000049678</b>			
1. Entity Name MEDICAL SURGICAL SERVICE PROVIDERS, INC.			
Principal Place of Business 150 SW 12TH AVE SUITE 360 POMPANO BEACH, FL 33069 US		Mailing Address 150 SW 12TH AVE SUITE 360 POMPANO BEACH, FL 33069 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
6. Name and Address of Current Registered Agent  GLUCK, BARBARA 150 SW 12 AVE POMPANO BEACH, FL 33069		<b>40032373</b>  01082007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-1039205	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
<b>DO NOT WRITE IN THIS SPACE</b>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>DO NOT WRITE IN THIS SPACE</b>			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD GLUCK, BARBARA 150 SW 12TH AVE POMPANO BEACH, FL 33069		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Barbara Gluck - BARBARA GLUCK</u> 1-11-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

ATTACHMENT

40032373

**MSSP**

**150 S.W. 12<sup>TH</sup> AVENUE SUITE #360 POMPANO BEACH, FL 33069**

**Phone # (954) 946-0083 and Fax # (954) 946-0038**

DATE: 3/5/07

RE: Ref # P00000049678

TO: Florida Dept of State  
Division of Deposits

FROM: MSSP

TOTAL PAGES: 3  
(Including coversheet)

**MESSAGE /COMMENT:**

As per my telephone conversation  
with your office, I am mailing you  
a check for \$150.00.

For some reason I just received  
your letter on 3/5/07, so I could  
not respond earlier.

Thank you for your consideration  
in this matter.

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