

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000062161

FILED  
Mar 30, 2006  
Secretary of State

Entity Name: MEDICAL SUPPLY SOLUTIONS, INC.

## Current Principal Place of Business:

4747 NOB HILL ROAD  
STE 13  
SUNRISE, FL 33351

## New Principal Place of Business:

## Current Mailing Address:

4747 NOB HILL ROAD  
SUITE 13  
SUNRISE, FL 33351

## New Mailing Address:

FEI Number: 65-1117514      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EDELSTEIN, JULIE B  
1297 MANOR COURT  
WESTON, FL 33326      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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: EDELSTEIN, JULIE B  
Address: 1297 MANOR COURT  
City-St-Zip: WESTON, FL 33326

Title: D      ( ) Delete  
Name: PALOMINO, KATHERINE  
Address: 869 ANSLEY COURT  
City-St-Zip: WESTON, FL 33326

Title: D      ( ) Delete  
Name: LUTZ, KAREN  
Address: 7614 CEDARHURST COURT  
City-St-Zip: LAKE WORTH, FL 33467

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE B. EDELSTEIN

PRES

03/30/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date