

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000062161

FILED
Jan 21, 2010
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:

5205 NW 108TH AVENUE
SUNRISE, FL 33351

Current Mailing Address:

4747 NOB HILL ROAD
SUITE 13
SUNRISE, FL 33351

New Mailing Address:

5205 NW 108TH AVENUE
SUNRISE, FL 33351

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
Name: EDELSTEIN, JULIE B
Address: 1297 MANOR COURT
City-St-Zip: WESTON, FL 33326

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

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

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

SIGNATURE: JULIE EDELSTEIN

PRES

01/21/2010

Electronic Signature of Signing Officer or Director

Date