

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000062161

FILED  
Mar 18, 2011  
Secretary of State

**Entity Name:** MEDICAL SUPPLY SOLUTIONS, INC.

**Current Principal Place of Business:**

5205 NW 108TH AVENUE  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

5205 NW 108TH AVENUE  
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

**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

OFFR

03/18/2011

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

\_\_\_\_\_ Date