

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000048288

FILED
Apr 18, 2005
Secretary of State

Entity Name: MEDICAL SALES & CONSULTING, INC.

Current Principal Place of Business:

5895 PINEBROOK DRIVE
BOCA RATON, FL 33433

New Principal Place of Business:

3002 NW 60TH STREET
BOCA RATON, FL 33496

Current Mailing Address:

5895 PINEBROOK DRIVE
BOCA RATON, FL 33433

New Mailing Address:

3002 NEW 60TH STREET
BOCA RATON, FL 33496

FEI Number: 73-1642164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKOLNICK, SUSAN
5895 PINEBROOK DRIVE
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

SKOLNICK, SUSAN
3002 NEW 60TH STREET
BOCA RATON, FL 33496 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: SUSAN SKOLNICK

04/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SKOLNICK, SUSAN
Address: 5895 PINEBROOK DRIVE
City-St-Zip: BOCA RATON, FL 33433

Title: P () Delete
Name: SKOLNICK, GLENN
Address: 5895 PINEBROOK DRIVE
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: SKOLNICK, SUSAN
Address: 3002 NW 60TH STREET
City-St-Zip: BOCA RATON, FL 33496

Title: P (X) Change () Addition
Name: SKOLNICK, GLENN
Address: 3002 NEW 60TH STREET
City-St-Zip: BOCA RATON, FL 33496

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GLENN SKOLNICK

PRES

04/18/2005

Electronic Signature of Signing Officer or Director

Date