

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000048288

FILED
Mar 24, 2009
Secretary of State

Entity Name: MEDICAL SALES & CONSULTING, INC.

Current Principal Place of Business:

19084 SKYRIDGE CIRCLE
BOCA RATON, FL 33496 US

New Principal Place of Business:

Current Mailing Address:

19084 SKYRIDGE CIRCLE
BOCA RATON, FL 33496 US

New Mailing Address:

19510 SATURNIA LAKES DR.
BOCA RATON, FL 33498 US

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
19084 SKYRIDGE CIRCLE
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

SKOLNIK, SUSAN
19084 SKYRIDGE CIRCLE
BOCA RATON, FL 33498 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: GLENN SKOLNIK

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SKOLNICK, SUSAN
Address: 19084 SKYRIDGE CIRCLE
City-St-Zip: BOCA RATON, FL 33496 US

Title: P () Delete
Name: SKOLNIK, GLENN
Address: 19084 SKYRIDGE CIRCLE
City-St-Zip: BOCA RATON, FL 33496 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: SKOLNIK, SUSAN
Address: 19084 SKYRIDGE CIRCLE
City-St-Zip: BOCA RATON, FL 33498 US

Title: P (X) Change () Addition
Name: SKOLNIK, GLENN
Address: 19084 SKYRIDGE CIRCLE
City-St-Zip: BOCA RATON, FL 33498 US

I hereby certify that the information supplied with this filing does not qualify 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: GLENN SKOLNIK

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date