


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 02, 2007 08:00 AM
Secretary of State**

DOCUMENT # P02000048692 1. Entity Name U.S. MEDICAL AND SURGICAL SUPPLY, CORP.	
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Principal Place of Business 8421 NW 8 ST STE #406 MIAMI, FL 33126	Mailing Address 8421 NW 8 ST STE #406 MIAMI, FL 33126
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03272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 71-0893728	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GABIN, J.B.
8421 NW 8 ST STE #406
MIAMI, FL 33126

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Josefina B. Gabin (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GABIN, J.B. 8421 N.W. 8 ST. STE #406 MIAMI, FL 33126
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Josefina B. Gabin Date: March -29- 2007 Daytime Phone #: 305-442-0069