2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004
Secretary of State

DOCUMENT# P03000087329

Entity Name: MEDICAL GROUP SUPPLY, INC.

Current Principal Place of Business:

14960 E WATERFORD DRIVE
DAVIE, FL 33331

New Principal Place of Business:

6001 NW 153 ST
SUITE E
MIAMI LAKES, FL 33014

Current Mailing Address:

14960 E WATERFORD DRIVE
DAVIE, FL 33331

New Mailing Address:

6001 NW 153 ST
SUITE E
MIAMI LAKES, FL 33014

FEI Number: 20-0192145 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ORTEGA, ANA C
14960 E WATERFORD DRIVE
DAVIE, FL 33331

Name and Address of New Registered Agent:

ORTEGA, ANA C
6001 NW 153 ST
SUITE E
MIAMI LAKES, FL 33014

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: 07/14/2004
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: ORTEGA, ANA C
Address: 14960 E WATERFORD DRIVE
City-St-Zip: DAVIE, FL 33331

Title: V ( ) Delete
Name: ORTEGA, BYRON
Address: 14960 E WATERFORD DRIVE
City-St-Zip: DAVIE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: ORTEGA, ANA C
Address: 6001 NW 153 ST SUITE E
City-St-Zip: MIAMI LAKES, FL 33014

Title: V (X) Change ( ) Addition
Name: ORTEGA, BYRON
Address: 6001 NW 153 ST SUITE E
City-St-Zip: MIAMI LAKES, FL 33014

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: ANA C ORTEGA P 07/14/2004
Electronic Signature of Signing Officer or Director — Date