

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000087329

Entity Name: MEDICAL GROUP SUPPLY, INC.

FILED  
Apr 28, 2005  
Secretary of State

## Current Principal Place of Business:

6001 NW 153 ST  
SUITE E  
MIAMI LAKES, FL 33014

## New Principal Place of Business:

15321N.W.60 TH AVE  
SUIT E 102  
MIAMI LAKES, FL 33014

## Current Mailing Address:

6001 NW 153 ST  
SUITE E  
MIAMI LAKES, FL 33014

## New Mailing Address:

15321N.W. 60 TH AVE  
SUITE 102  
MIAMI LAKES, FL 33014

FEI Number: 20-0192145

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

ORTEGA, ANA C  
15321 N.W. 60 TH AVE  
SUITE 102  
MIAMI LAKES, FL 33014 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: ANA C ORTEGA

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: ORTEGA, ANA C  
Address: 15321 N.W. 60 TH AVE SUITE 102  
City-St-Zip: MIAMI LAKES, FL 33014

Title: V (X) Change ( ) Addition  
Name: ORTEGA, BYRON  
Address: 15321 N.W.60 TH AVE SUITE 102  
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: BYRON ORTEGA

V

04/28/2005

Electronic Signature of Signing Officer or Director

Date