

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000096688

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: MRS MEDICAL SUPPLIES, INC.

## Current Principal Place of Business:

17005 NW 11 ST  
PEMBROKE PINES, FL 33028

## New Principal Place of Business:

6073 NW 167 STREET  
MIAMI, FL 33015

## Current Mailing Address:

17005 NW 11 ST  
PEMBROKE PINES, FL 33028

## New Mailing Address:

6073 NW 167 STREET  
MIAMI, FL 33015

FEI Number: 20-0203783

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DA CRUZ-RODRIGUEZ, ROSEMARIE  
Address: 17005 NW 11 ST  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VD ( ) Delete  
Name: MOONA, MARYLYN  
Address: 17005 NW 11 ST  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: STD ( ) Delete  
Name: VAN DAALEN, SASKIA  
Address: 17005 NW 11 ST  
City-St-Zip: PEMBROKE PINES, FL 33028

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: DA CRUZ-RODRIGUEZ, ROSEMARIE  
Address: 6073 NW 167 STREET  
City-St-Zip: MIAMI, FL 33015

Title: VD (X) Change ( ) Addition  
Name: MOONA, MARYLYN  
Address: 6073 NW 167 STREET  
City-St-Zip: MIAMI, FL 33015

Title: STD (X) Change ( ) Addition  
Name: VAN DAALEN, SASKIA  
Address: 6073 NW 167 STREET  
City-St-Zip: MIAMI, FL 33015

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: SASKIA VAN DAALEN

STD

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date