

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000042507

Entity Name: MEDISUPPORT B, P.A.

**FILED**  
**Feb 24, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

224 POE DR  
PALM SPRINGS, FL 33461

**New Principal Place of Business:**

**Current Mailing Address:**

224 POE DR  
PALM SPRINGS, FL 33461

**New Mailing Address:**

FEI Number: 13-4275724

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FUSTER, YORLENI  
224 POE DR  
PALM SPRINGS, FL 33461 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: D  
Name: FUSTER, YORLENI  
Address: 224 POE DR  
City-St-Zip: PALM SPRINGS, FL 33461

Title: VP  
Name: GALIANO, HERMES  
Address: 224 POE DR  
City-St-Zip: PALM SPRINGS, FL 33461

I hereby 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 all other like empowered.

SIGNATURE: YORLENI FUSTER

D

02/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date