

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90036 045 ***150.00

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1. Entity Name
MSR MEDICAL SUPPLIES, INC



Principal Place of Business
10835 NW 7 STREET
11
MIAMI, FL 33172

Mailing Address
10835 NW 7 STREET
11
MIAMI, FL 33172

40057007



2. Principal Place of Business - No P.O. Box #
2550 NW 72 AVE
Suite, Apt. #, etc.
207

3. Mailing Address
2550 NW 72 AVE
Suite, Apt. #, etc.
207

03222007 Chg-P CR2E034 (12/06)

City & State
MIAMI, FL
Zip
33122

City & State
MIAMI, FL
Zip
33122

4. FEI Number
20-3409500
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, RICAR
10835 NW 7 STREET
11
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME P FERNANDEZ, RICAR ☐ Delete
STREET ADDRESS 10835 NW 7 STREET #11
CITY-ST-ZIP MIAMI, FL 33172

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: *Richard Fernandez* **Richard FERNANDEZ** **PRESIDENT** 03/23/2007 (716) 286-3005