

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000135685

Entity Name: MVC MEDICAL SUPPLY, INC.

FILED
Apr 19, 2006
Secretary of State

Current Principal Place of Business:

4473 GLOBAL TRAIL
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

4473 GLOBAL TRAIL
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 20-3584411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIRANDA, ARIOLYS
4473 GLOBAL TRAIL
LOXAHATCHEE, FL 33470 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: MIRANDA, ARIOLYS
Address: 4473 GLOBAL TRAIL
City-St-Zip: LOXAHATCHEE, FL 33470

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDVP (X) Change () Addition
Name: MIRANDA, ARIOLYS
Address: 4473 GLOBAL TRAIL
City-St-Zip: LOXAHATCHEE, FL 33470

Title: ST () Change (X) Addition
Name: MIRANDA, ARIOLYS
Address: 4473 GLOBAL TRAIL
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ARIOLYS MIRANDA

P

04/19/2006

Electronic Signature of Signing Officer or Director

_____ Date