

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000049203

FILED
May 01, 2008
Secretary of State

Entity Name: MEDICAL SUPPLIES DISTRIBUTORS, INC.

Current Principal Place of Business:

2400 WEST CYPRESS CREEK ROAD
SUITE 140
FORT LAUDERDALE, FL 33309 US

Current Mailing Address:

2400 WEST CYPRESS CREEK ROAD
SUITE 140
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

1001 WEST CYPRESS CREEK ROAD
SUITE 302W, BLD #3
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

1001 WEST CYPRESS CREEK ROAD
SUITE 302W, BLD #3
FORT LAUDERDALE, FL 33309 US

FEI Number: 20-4647907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEJEDA, ADRIANA
2400 WEST CYPRESS CREEK ROAD
SUITE 140
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

TEJEDA, ADRIANA
1001 WEST CYPRESS CREEK ROAD
SUITE 302W BLD#3
FORT LAUDERDALE, FL 33309 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: ADRIANA TEJEDA

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TEJEDA, ADRIANA
Address: 2400 WEST CYPRESS CREEK ROAD, SUITE 140
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: S (X) Delete
Name: DELGADO, LUPE
Address: 2400 WEST CYPRESS CREEK ROAD, SUITE 140
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TEJEDA, ADRIANA
Address: 1001 WEST CYPRESS CREEK ROAD, SUITE 302W
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ADRIANA TEJEDA

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05/01/2008

Electronic Signature of Signing Officer or Director

Date