2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2007
Secretary of State

DOCUMENT# P06000056720

Entity Name: STAT MEDICAL SERVICE AND SUPPLY INC

Current Principal Place of Business:

639 NW 158TH LANE
PEMBROKE PINES, FL 33028

New Principal Place of Business:

15751 SHERIDAN STREET
151
DAVIE, FL 33331

Current Mailing Address:

639 NW 158TH LANE
PEMBROKE PINES, FL 33028

New Mailing Address:

15751 SHERIDAN STREET
151
DAVIE, FL 33331

FEI Number: 71-1000210 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOMNITZ, DAVID J
639 NW 158TH LANE
PEMBROKE PINES, FL 33028 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

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: CEO ( ) Delete
Name: DOMNITZ, DAVID J
Address: 639 NW 158TH LANE
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DAVID J. DOMNITZ CEO 09/04/2007

Electronic Signature of Signing Officer or Director Date