


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90037 030 ***150.00

DOCUMENT # P06000131583		
1. Entity Name MED SOURCE, INC.		

Principal Place of Business 1206 WOLVERINE TRAIL WINTER SPRINGS, FL 32708	Mailing Address 1206 WOLVERINE TRAIL WINTER SPRINGS, FL 32708
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40028495



2. Principal Place of Business - No P.O. Box # 600 GATHERING PARK CIRCLE	3. Mailing Address 600 GATHERING PARK CIRCLE
Suite, Apt. #, etc. Suite 101	Suite, Apt. #, etc. Suite 101
City & State CARY NC	City & State CARY NC
Zip 27519	Country USA

01042007 Chg-P CR2E034 (12/06)

4. FEI Number
20-5739736

Applied For	
Not Applicable	

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

6. Name and Address of Current Registered Agent

JOSHI, ARUN
1206 WOLVERINE TRAIL
WINTER SPRINGS, FL 32708

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 STREET ADDRESS CITY-ST-ZIP	SEC JOSHI, ARUN 1206 WOLVERINE TRAIL WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WETHERELL, RICHARD 502 PRESIDENTS WALK LANE CARY, NC 27519 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIPPY, DENISE 11 PALOMAR DRIVE MANVEL, TX 77578 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIBARI, FRANCIS 10113 SAN REMO PLACE WAKE FOREST, NC 27587 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 the name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Richard Wetherell 3/5/07