

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000030089

Entity Name: MED SUPPLIES 2 YOU, INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

1700 NORTH DIXIE HIGHWAY
120
BOCA RATON, FL 33432

New Principal Place of Business:

8272 DOMINICA PLACE
WELLINGTON, FL 33414

Current Mailing Address:

1700 NORTH DIXIE HIGHWAY
120
BOCA RATON, FL 33432

New Mailing Address:

8272 DOMINICA PLACE
WELLINGTON, FL 33414

FEI Number: 20-8599498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPLAN, MARC H
1700 NORTH DIXIE HIGHWAY
120
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

KAPLAN, MARC H
8272 DOMINICA PLACE
WELLINGTON, FL 33414 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: MARC H. KAPLAN

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KAPLAN, MARC H
Address: 1700 NORTH DIXIE HIGHWAY
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KAPLAN, MARC H
Address: 8272 DOMINICA PLACE
City-St-Zip: WELLINGTON, FL 33414

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: MARC H. KAPLAN

PD

03/24/2009

Electronic Signature of Signing Officer or Director

Date