

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000077059

Entity Name: MEDIC SUPPLIER INC.

FILED
Jan 26, 2009
Secretary of State

Current Principal Place of Business:

4280 GALT OCEAN DRIVE
APT. 3E
FORT LAUDERDALE, FL 33308 US

Current Mailing Address:

4280 GALT OCEAN DRIVE
APT. 3E
FORT LAUDERDALE, FL 33308 US

FEI Number: 26-0480391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

1 WEST CAMINO REAL
SUITE 117E
BOCA RATON, FL 33432 US

New Mailing Address:

1194 HILLSBORO MILE
VILLA 34
HILLSBORO BEACH, FL 33062 US

Name and Address of New Registered Agent:

BERTMAN, BRUCE CB
1 WEST CAMINO REAL
SUITE 117E
BOCA RATON, FL 33432 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: BRUCE BERTMAN

01/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BERTMAN, BRUCE
Address: 4280 GALT OCEAN DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: D () Delete
Name: COMPERCHIO, KRYSTEN
Address: 559 NW MERCANTILE PLACE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: D (X) Delete
Name: SAMUELSON, LORI
Address: 10101 JOHNS DRIVE
City-St-Zip: DAMASCUS, MD 20872 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BERTMAN, BRUCE
Address: 1194 HILLSBORO MILE
City-St-Zip: HILLSBORO BEACH, FL 33062 US

Title: D (X) Change () Addition
Name: SAMUELSON, LORI
Address: 10101 JOHNS DRIVE
City-St-Zip: MD, FL 20872 US

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: BRUCE BERTMAN

CB

01/26/2009

Electronic Signature of Signing Officer or Director

Date