

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000000663

FILED  
Apr 02, 2009  
Secretary of State

**Entity Name:** MEDICAL SUPPLIERS CONSULTING GROUP, INC.

**Current Principal Place of Business:**

15620 SW 74TH AVE  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

15620 SW 74TH AVE  
MIAMI, FL 33157

**New Mailing Address:**

**FEI Number:** 26-1882357

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVE  
TALLAHASSEE, FL 32301 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** PARNES, MARC  
**Address:** 15620 SW 74TH AVE  
**City-St-Zip:** MIAMI, FL 33157

**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:** MARC PARNES

D

04/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date