

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000008728

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**Entity Name:** HEALTHCARE SUPPLY SOLUTIONS, INC.

**Current Principal Place of Business:**

3899 SW 30TH AVENUE  
FORT LAUDERDALE, FL 33312

**New Principal Place of Business:**

13949 ALVAREZ ROAD  
SUITE 100  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

3899 SW 30TH AVENUE  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

13949 ALVAREZ ROAD  
SUITE 100  
JACKSONVILLE, FL 32218

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

ANGELO & BANTA, P.A.  
515 EAST LAS OLAS BOULEVARD  
SUITE 850  
FORT LAUDERDALE, FL 33301 US

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: LINDA SNOOK

03/31/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SCOTT, TUBANDT F  
Address: 13949 ALVAREZ ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

I hereby 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 all other like empowered.

SIGNATURE: SCOTT F TUBANDT

P

03/31/2011

Electronic Signature of Signing Officer or Director

Date