

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000074852

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: MEDSTOCK OF SOUTH FLORIDA, INC.

## Current Principal Place of Business:

5475 LAURELOAK STREET  
DELRAY BEACH, FL 33484

## New Principal Place of Business:

3701 NE 5 AVENUE  
OAKLAND PARK, FL 33334 US

## Current Mailing Address:

5475 LAURELOAK STREET  
DELRAY BEACH, FL 33484

## New Mailing Address:

3701 NE 5 AVENUE  
OAKLAND PARK, FL 33334 US

FEI Number: 26-3248613

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOTTESMAN, ALLAN CPA  
8211 W BROWARD BLVD  
SUITE 440  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

ZANGRE, JASON PRES  
3701 NE 5 AVE  
OAKLAND PARK, FL 33334 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: JASON ZANGRE

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BOLNICK, JAY  
Address: 89 ATKINSON ROAD  
City-St-Zip: ROCKVILLE CENTER, NY 11570

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: BOLNICK, JAY  
Address: 89 ATKINSON ROAD  
City-St-Zip: ROCKVILLE CENTER, NY 11570

Title: P ( ) Change (X) Addition  
Name: ZANGRE, JASON  
Address: 7839 SAN MARCOS PL  
City-St-Zip: BOCA RATON, FL 33433

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: JASON ZANGRE

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date