

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 05, 2011
Secretary of State

Entity Name: MEDICAL DEVICE SOLUTIONS, INC.

Current Principal Place of Business:

C/O PAUL D. ORAFINO
5695 VIA DE LA PLATA CIRCLE
DELRAY BEACH, FL 33484

New Principal Place of Business:

C/O PAUL D. OROFINO
5695 VIA DE LA PLATA CIRCLE
DELRAY BEACH, FL 33484

Current Mailing Address:

C/O PAUL D. ORAFINO
5695 VIA DE LA PLATA CIRCLE
DELRAY BEACH, FL 33484

New Mailing Address:

C/O PAUL D. OROFINO
5695 VIA DE LA PLATA CIRCLE
DELRAY BEACH, FL 33484

FEI Number: 26-4066464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DITTMAN, ROBERT A
C/O DITTMAN DOWLING & SCHONE LLP
151 NW FIRST AVENUE
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

BERNGARD, GLEN A
6421 CONGRESS AVENUE
SUITE 207
BOCA RATON, FL 33487 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: GLEN A. BERNGARD

03/05/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: OROFINO, PAUL D
Address: 5695 VIA DE LA PLATA CIRCLE
City-St-Zip: DELRAY BEACH, FL 33484

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: PAUL OROFINO

P

03/05/2011

Electronic Signature of Signing Officer or Director

Date