

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000051980

FILED
Apr 27, 2011
Secretary of State

Entity Name: MEDICAL SUPPLY LATINOAMERICA, INC.

Current Principal Place of Business:

420 SE 22TH ST,
SUITE 2
FT. LAUDERDALE, FL 33316

New Principal Place of Business:

8551 W. SUNRISE BLVD.
SUITE 105M
PLANTATION, FL 33322

Current Mailing Address:

420 SE 22TH ST,
SUITE 2
FT. LAUDERDALE, FL 33316

New Mailing Address:

8551 W. SUNRISE BLVD.
SUITE 105M
PLANTATION, FL 33322

FEI Number: 80-0622214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LIZARAZ, RAFAEL
420 SE 22TH ST,
SUITE #2
FT. LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

LIZARAZ, RAFAEL
11065 NW 39TH ST.
APT. 103
SUNRISE, FL 33351 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:

04/27/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LIZARAZ, RAFAEL E
Address: 11065 NW 39TH ST, APT. 103
City-St-Zip: SUNRISE, FL 33351

Title: VP
Name: LIZARAZ, ALONSO E
Address: 11065 NW 39TH ST, APT. 103
City-St-Zip: SUNRISE, FL 33351

Title: ADM
Name: ALVAREZ, HUMBERTO J
Address: 11065 NW 39TH ST, APT. 103
City-St-Zip: SUNRISE, FL 33351

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: RAFAEL LIZARAZ SANCHEZ

MR.

04/27/2011

Electronic Signature of Signing Officer or Director

Date