

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90056 025 ***150.00

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DOCUMENT # P94000045687 1. Entity Name MEDICAL SALES AND SERVICE INC.					
Principal Place of Business 19900 MONA ROAD 102 TEQUESTA, FL 33469 US			Mailing Address P.O. BOX 69 HOBE SOUND, FL 33455 US		
2. Principal Place of Business 7861 S.W. ELLIPSE WAY		3. Mailing Address SAME AS ABOVE			
Suite, Apt. #, etc. 102		Suite, Apt. #, etc.			
City & State STUART FLORIDA		City & State		4. FEI Number 59-2610585	
Zip 34997		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLOOM, RAPHAEL 7806 S.E. TULIPTREE CT. HOBE SOUND, FL 33455			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLOOM, RAPHAEL 7807 S.E. TULIPTREE CT. HOBE SOUND, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLOOM, PATRICIA M. 7807 S.E. TULIPTREE CT. HOBE SOUND, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			SIGNATURE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date 3-19-05			Daytime Phone # 772-221-1221		