

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000045687

FILED
Apr 20, 2007
Secretary of State

Entity Name: MEDICAL SALES AND SERVICE INC.

Current Principal Place of Business:

7861 SW ECLIPSE WAY
STUART, FL 34997 US

New Principal Place of Business:

7861 SW ELLIPSE WAY
STUART, FL 34997 US

Current Mailing Address:

P.O. BOX 69
HOBE SOUND, FL 33455 US

New Mailing Address:

7861 SW ELLIPSE WAY
STUART, FL 34997 US

FEI Number: 59-2610585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOOM, RAPHAEL
7807 S.E. TULIPTREE CT.
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

BLOOM, RAPHAEL
468 NW SANDTRAP LN
PORT ST. LUCIE, FL 34986 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:

04/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BLOOM, RAPHAEL
Address: 7807 S.E. TULIPTREE CT.
City-St-Zip: HOBE SOUND, FL

Title: VP () Delete
Name: BLOOM, PATRICIA M.
Address: 7807 S.E. TULIPTREE CT.
City-St-Zip: HOBE SOUND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BLOOM, RAPHAEL
Address: 468 NW SANDTRAP LN
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VP (X) Change () Addition
Name: BLOOM, PATRICIA M.
Address: 468 NW SANDTRAP LN
City-St-Zip: PORT ST. LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA M. BLOOM

VP

04/20/2007

Electronic Signature of Signing Officer or Director

Date