2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000088654

City-St-Zip:

MIAMI, FL 33155

Entity Name: MEDICAL SUPPLY PLUS, INC.

FILED Apr 09, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business	
Current P	rincipai Piace	or Business:	New Principal Place	New Principal Place of Business:	
4143 SW 74TH CT STE 100					
MIAMI, FL	33155 US				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
4143 SW SUITE #10 MIAMI, FL	00				
FEI Number	: 65-0538596	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	EZ, MARLEN 74 CT. #100 33155 US				
	named entity s e of Florida.	submits this statement for the po	urpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Age	nt	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	P () GONZALEZ, MA 4143 SW 74 C1		Title: Name: Address:	() Change () Addition	

City-St-Zip:

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: MARLEN GONZALEZ Ρ 04/09/2009