

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000054111

Entity Name: MEDICAL SUPPLY DEPOT, INC.

FILED
Mar 27, 2007
Secretary of State

Current Principal Place of Business:

7431 W. ATLANTIC AVE., STE. 42
DELRAY BEACH, FL 33063

New Principal Place of Business:

7239 WEST ATLANTIC AVE
DELRAY BEACH, FL 33446

Current Mailing Address:

4889 COCONUT CREEK PARKWAY
COCONUT CREEK, FL 33063

New Mailing Address:

7239 WEST ATLANTIC AVE
DELRAY BEACH, FL 33446

FEI Number: 65-0927727

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERMAN, WILLIAM
4889 COCONUT CREEK PARKWAY
COCONUT CREEK, FL 33063 US

Name and Address of New Registered Agent:

PERMAN, WILLIAM
7239 W ATLANTIC AVE
DELRAY BEACH, FL 33446 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: WILLIAM PERMAN

03/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TOSCANO, LUIGI
Address: 1200 CLINT MOORE RD #2
City-St-Zip: BOCA RATON, FL 33487

Title: ST () Delete
Name: PERMAN, WILLIAM
Address: 1200 CLINT MOORE RD
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TOSCANO, LUIGI
Address: 7239 W ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33446

Title: ST (X) Change () Addition
Name: PERMAN, WILLIAM
Address: 7239 WEST ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33446

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: WILLIAM PERMAN

ST

03/27/2007

Electronic Signature of Signing Officer or Director

Date