


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000054111</b>	
1. Entity Name <b>MEDICAL SUPPLY DEPOT, INC.</b>	
	
Principal Place of Business <b>7239 WEST ATLANTIC AVE DELRAY BEACH, FL 33446</b>	Mailing Address <b>7239 WEST ATLANTIC AVE DELRAY BEACH, FL 33446</b>



01102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0927727</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>PERMAN, WILLIAM 7239 W ATLANTIC AVE DELRAY BEACH, FL 33446</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOSCANO, LUIGI 7239 W ATLANTIC AVE DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PERMAN, WILLIAM 7239 WEST ATLANTIC AVE DELRAY BEACH, FL 33446
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01/18/08-80053-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **1-15-08 561 429-8181**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #