

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000050987

**Entity Name:** SOLUTION MEDICAL SUPPLIES AND EQUIPMENT CORP

**Current Principal Place of Business:**

991 S STATE RD 7  
E 5  
PLANTATION, FL 33317

**Current Mailing Address:**

1808 SW 10TH ST  
FORT LAUDERDALE, FL 33312 US

**FEI Number:** 87-0968745

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MC SERVICES1040  
13720 SW 21 ST  
MIAMI, FL 33175 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name CASTRO, ANA T P  
Address 1808 SW 10ST  
City-State-Zip: FORT LAUDERDALE FL 33312

*I hereby 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 all other like empowered.*

**SIGNATURE:** ANA T CASTRO

P

05/01/2025

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date