

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001763

Entity Name: MEDICAL SOLUTIONS SUPPLIER, INC.**Current Principal Place of Business:**9 LACRUE ST., SUITE 105
GLEN MILLS, PA 19342**Current Mailing Address:**9 LACRUE ST., SUITE 105
GLEN MILLS, PA 19342 US**FEI Number:** 23-2788758**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HARCOURT, CYNTHIA P SECRETARY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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:** CYNTHIA P. HARCOURT

03/05/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	V	Title	S
Name	CARBERRY, JOSEPH	Name	HARCOURT, CYNTHIA P
Address	9 LACRUE ST., SUITE 2	Address	9 LACRUE ST., SUITE 2
City-State-Zip:	GLEN MILLS PA 19342	City-State-Zip:	GLEN MILLS PA 19342
Title	PRES	Title	T
Name	KANTOR, STEVEN E	Name	HARRISON, LOUISE A
Address	9 LACRUE ST., SUITE 2	Address	9 LACRUE ST., SUITE 2
City-State-Zip:	GLEN MILLS PA 19342	City-State-Zip:	GLEN MILLS PA 19342

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: CYNTHIA P. HARCOURT**SECRETARY**

03/05/2018

Electronic Signature of Signing Officer/Director Detail

Date