### Electronic Signature of Signing Officer/Director Detail

above, or on an attachment with all other like empowered.

SIGNATURE: DORAN, THOMAS W

DEPARTMENT

COMPLIANCE

## Date

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

DORAN, MARY ELLEN 12627 SAN JOSE BOULEVARD SUITE 902G JACKSONVILLE, FL 32223 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

Officer/Director Detail :			
Title	PRESIDENT	Title	VP
Name	DORAN, THOMAS W	Name	DORAN, MARY ELLEN
Address	1509 LATCHSTRING LANE	Address	1509 LATCHSTRING LANE
City-State-Zip:	GWYNEDD VALLEY PA 19002	City-State-Zip:	GWYNEDD VALLEY PA 19002

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

### DOCUMENT# F1000002181

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

Entity Name: MED SUPPLY CABINET, INC.

#### **Current Principal Place of Business:**

101 COMMERCE DRIVE SUITE 100 MONTGOMERYVILLE, PA 18936

#### **Current Mailing Address:**

**101 COMMERCE DRIVE** SUITE 100 MONTGOMERYVILLE, PA 18936 US

#### FEI Number: 23-3058868

FILED Jan 04, 2025 Secretary of State 7729933205CC

Date

Certificate of Status Desired: Yes

01/04/2025