

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000002181

**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

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CPVT  
Name DORAN, THOMAS WILLIAM  
Address 304 REGENCY DRIVE  
City-State-Zip: NORTH WALES PA 19454

Title S  
Name DORAN, MARY ELLEN  
Address 304 REGENCY DRIVE  
City-State-Zip: NORTH WALES PA 19545

*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:** DORAN, THOMAS WILLIAM

**PRESIDENT**

**03/28/2023**

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

\_\_\_\_\_  
Date