

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003064

FILED
Mar 29, 2011
Secretary of State

Entity Name: COMMUNITY SURGICAL SUPPLY OF TOMS RIVER, INC.

Current Principal Place of Business:

1390 ROUTE 37 WEST
TOMS RIVER, NJ 08755

New Principal Place of Business:

Current Mailing Address:

PO BOX 4686
TOMS RIVER, NJ 08754

New Mailing Address:

FEI Number: 21-0736750 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BLISS, SHEER
2627 IVES DAIRY RD STE 100
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CEO
Name: FRIED, MICHAEL
Address: 2547 RIVER ROAD
City-St-Zip: MANASQUAN, NJ 08736

Title: PRES
Name: FRIED, JERROLD
Address: 1462 SANOMA COURT
City-St-Zip: TOMS RIVER, NJ 08753

Title: VP
Name: FRIED, HOWARD
Address: 138 CEDAR RUN ROAD
City-St-Zip: BAYVILLE, NJ 08721

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: MICHAEL FRIED

CEO

03/29/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date