

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003064

FILED  
Jan 16, 2012  
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 ( )

**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

01/16/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date