

# 2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F09000005061

**FILED**  
**Oct 08, 2013**  
**Secretary of State**

**Entity Name:** SPECIALTY MEDICAL PRODUCTS, INC.

**Current Principal Place of Business:**

101 SMOKE HILL LANE  
SUITE 100  
WOODSTOCK, GA 30188

**New Principal Place of Business:**

100 LONDONDERRY CT.  
SUITE 112  
WOODSTOCK, GA 30188

**Current Mailing Address:**

101 SMOKE HILL LANE  
SUITE 100  
WOODSTOCK, GA 30188

**New Mailing Address:**

100 LONDONDERRY CT.  
SUITE 112  
WOODSTOCK, GA 30188

**FEI Number:** 58-2115545

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMPSON, WENDELL  
4124 GRAND CHAMP CIRCLE  
PALM HARBOR, FL 34685 US

**Name and Address of New Registered Agent:**

MCKEE, ROBERT  
1485 BELLA CASA CT  
MERRITT ISLAND, FL 32952 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: ROB MCKEE

10/08/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: LAIR, ANTHONY C  
Address: 100 LONDONDERRY CT, SUITE 112  
City-St-Zip: WOODSTOCK, GA 30188

Title: T  
Name: LAIR, CAREY M  
Address: 100 LONDONDERRY CT, SUITE 112  
City-St-Zip: WOODSTOCK, GA 30188

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: HILARY SHERMAN

DIR

10/08/2013

Electronic Signature of Signing Officer or Director

Date