

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F93000005572

FILED
Oct 06, 2005
Secretary of State

Entity Name: MEDICAL ACCESSORIES & SUPPLY HEADQUARTERS, INC.

Current Principal Place of Business:

1130 HIGHWAY 31 SOUTH
ALABASTER, AL 35007

New Principal Place of Business:

Current Mailing Address:

1130 HIGHWAY 31 SOUTH
ALABASTER, AL 35007

New Mailing Address:

FEI Number: 63-0798076 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MITCHEM, ANGELA
1505-B S. FERDON BLVD.
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

AGRO, DOT
1505-B S. FERDON BLVD.
CRESTVIEW, FL 32536 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: DOT AGRO

10/06/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: HORN D.M.D., GREGORY L
Address: 1130 HIGHWAY 31 SOUTH
City-St-Zip: ALABASTER, AL

Title: DST () Delete
Name: ALVERSON, STEVE
Address: 1130 HIGHWAY 31 SOUTH
City-St-Zip: ALABASTER, AL

Title: DV () Delete
Name: BORDENCA, D.M.D., CHARLES
Address: 1130 HIGHWAY 31 SOUTH
City-St-Zip: ALABASTER, AL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEVE ALVERSON

DST

10/06/2005

Electronic Signature of Signing Officer or Director

Date