

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F93000005572

FILED  
Feb 24, 2011  
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 ( )

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

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

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: GREGORY L HORN

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

DR.

02/24/2011

\_\_\_\_\_  
Date