

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000118088

**FILED**  
**Jul 05, 2011**  
**Secretary of State**

**Entity Name:** SUPREME PATIENT CARE, INC.

**Current Principal Place of Business:**

2880 W OAKLAND PARK BLVD, STE 125 C  
OAKLAND PARK, FL 33311

**New Principal Place of Business:**

2880 W OAKLAND PARK BLVD  
207  
OAKLAND PARK, FL 33311

**Current Mailing Address:**

2880 W OAKLAND PARK BLVD,  
STE 125C  
OAKLAND PARK, FL 33311

**New Mailing Address:**

2880 W OAKLAND PARK BLVD,  
STE 207  
OAKLAND PARK, FL 33311

**FEI Number:** 26-2184249

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SVETLANA, KAGAN  
16425 COLLINS AVENUE  
2412  
SUNNY ISLES, FL 33160 US

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

VLADIMIR, DUBROVIN  
2880 W OAKLAND PARK BLVD  
207  
OAKLAND PARK, FL 33311 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: VLADIMIR DUBROVIN

07/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DUBROVIN, VLADIMIR  
Address: 672 GRAY CIRCLE  
City-St-Zip: SOUTHAMPTON, PA 18966

Title: VP  
Name: DUBROVIN, VLADIMIR  
Address: 672 GRAY CIRCLE  
City-St-Zip: SOUTHAMPTON, PA 18966

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: VLADIMIR DUBROVIN

P

07/05/2011

Electronic Signature of Signing Officer or Director

Date