2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 31, 2006
Secretary of State

DOCUMENT# P05000126768

Entity Name: TRUE CARE MEDICAL SUPPLY, INC.

Current Principal Place of Business:

311 NE 8TH ST #101
HOMESTEAD, FL 33030

New Principal Place of Business:

311 NE 8TH ST #101
HOMESTEAD, FL 33030 US

Current Mailing Address:

311 NE 8TH ST #101
HOMESTEAD, FL 33030

New Mailing Address:

311 NE 8TH ST #101
HOMESTEAD, FL 33030 US

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

Name and Address of Current Registered Agent:

SALAZAR, VERONICA
311 NE 8TH ST #101
HOMESTEAD, FL 33030 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: VERONICA SALAZAR
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: DP ( ) Delete
Name: SALAZAR, VERONICA
Address: 311 NE 8TH ST #101
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Chapter 119, 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: VERONICA SALAZAR DP 10/31/2006
Electronic Signature of Signing Officer or Director Date