2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 28, 2011
Secretary of State

DOCUMENT# F06000003910

Entity Name: BLUE MEDICAL SUPPLY, INC.

Current Principal Place of Business:

BUTLER PLAZA I
4899 BELFORT RD STE 205
JACKSONVILLE, FL 32256

New Principal Place of Business:

7251 SALISBURY ROAD
4
JACKSONVILLE, FL 32256

Current Mailing Address:

BUTLER PLAZA I
4899 BELFORT RD STE 205
JACKSONVILLE, FL 32256

New Mailing Address:

7251 SALISBURY ROAD
4
JACKSONVILLE, FL 32256

FEI Number: 20-4813472 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLY, DARLENE
BUTLER PLAZA I
4899 BELFORT RD STE 205
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

PHILLIPS, CRAIG L
7251 SALISBURY ROAD
4
JACKSONVILLE, FL 32256 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: CRAIG PHILLIPS 09/28/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: GINTER, SHAUN
Address: 7251 SALISBURY ROAD, SUITE 4
City-St-Zip: JACKSONVILLE, FL 32256

Title: CFO
Name: PHILLIPS, CRAIG
Address: 7251 SALISBURY ROAD, SUITE 4
City-St-Zip: JACKSONVILLE, FL 32256

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: CRAIG PHILLIPS CFO 09/28/2011
Electronic Signature of Signing Officer or Director Date