

**2023 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000090684

**Entity Name:** AMERICAN HEALTH SUPPLY, INC.

**Current Principal Place of Business:**

2349 SE MANOR AVE  
PORT ST LUCIE, FL 34952

**Current Mailing Address:**

PO BOX 242  
JENSEN BEACH, FL 34958-0242 US

**FEI Number: 45-3619848**

**Certificate of Status Desired: No**

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

FREEDMAN, BARRY  
2349 SE MANOR AVE  
PORT ST LUCIE, FL 34952 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: BARRY FREEDMAN**

**02/11/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name FREEDMAN, BARRY  
Address 2349 SE MANOR AVE  
City-State-Zip: PORT ST LUCIE FL 34952

Title TD  
Name SMITH, DODRIDGE  
Address 379 SW THORNHILL DR  
City-State-Zip: PORT ST LUCIE FL 34986

*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: BARRY FREEDMAN**

**PD**

**02/11/2023**

Electronic Signature of Signing Officer/Director Detail

Date