I hereby certify that the information indicated on this report or supplemental report is true and accurat oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execut above, or on an attachment with all other like empowered.		
SIGNATURE: IAN SEYMOUR SALMON	DIRECTOR	04/29/2014

#### DOCUMENT# P13000040849

# Entity Name: CHEMICAL MEDICAL & SCIENTIFIC SUPPLIES INC.

**Current Principal Place of Business:** 

3241 HOLIDAY SPRINGS BLVD APT 305 MARGATE, FL 33063

## **Current Mailing Address:**

3241 HOLIDAY SPRINGS BLVD APT 305 MARGATE, FL 33063

#### FEI Number: 46-3606113

### Name and Address of Current Registered Agent:

SHAFEEK, MOHAMED 3241 HOLÍDAY SPRINGS BLVD APT. 305 MARGATE, FL 33063 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:

# Electronic Signature of Registered Agent

	-	-	-		
r/Director Detail :					

Officer/Director Detail :					
Title	PRES	Title	SEC		
Name	SALMON, IAN SEYMOUR	Name	SALMON, IAN SEYMOUR		
Address	3241 HOLIDAY SPRINGS BLVD	Address	3241 HOLIDAY SPRINGS BLVD		
City-State-Zip:	MARGATE FL 33063	City-State-Zip:	MARGATE FL 33063		

SIGNATURE: IAN SEYMOUR SALMON

Electronic Signature of Signing Officer/Director Detail

FILED Apr 29, 2014 Secretary of State CC3418681584

Certificate of Status Desired: Yes

Date

Date