

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 424361

**FILED**  
**Sep 22, 2010**  
**Secretary of State**

**Entity Name:** UNIVERSITY PHYSICIANS SUPPLY, INC.

**Current Principal Place of Business:**

217 VALENCIA AVE  
CORAL GABLES, FL 331345905 US

**New Principal Place of Business:**

**Current Mailing Address:**

217 VALENCIA AVE  
CORAL GABLES, FL 331345905 US

**New Mailing Address:**

**FEI Number:** 59-1525451

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHWARTZ, JOSEPH L  
2435 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FL 33020 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:** JOSEPH L SCHWARTZ

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PDST  
**Name:** NABORS, WILLIAM R.PH.  
**Address:** 9572 SW 8TH STREET  
**City-St-Zip:** PEMBROKE PINES, FL 330251120 US

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:** WILLIAM H NABORS

PDST

09/22/2010

Electronic Signature of Signing Officer or Director

Date