

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F04000005185

FILED
Oct 09, 2006
Secretary of State

Entity Name: D & D MEDICAL EQUIPEMENT AND SUPPLIES INC.

Current Principal Place of Business:

1212 SOUTH MAIN STREET
CABOT, AR 72023

New Principal Place of Business:

1212 SOUTH 2ND STREET
CABOT, AR 72023

Current Mailing Address:

1212 SOUTH MAIN STREET
CABOT, AR 72023

New Mailing Address:

1212 SOUTH 2ND STREET
CABOT, AR 72023

FEI Number: 20-0779726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDEN, MIKE
3408 SKY SAIL PLACE
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

RICHMOND, BRYAN
725 DEVONHURST LANE
ST. AUGUSTINE, FL 32095 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: BRYAN RICHMOND

10/09/2006

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: PD () Delete
Name: WOOSLEY, DAVID
Address: 1212 SOUTH MAIN STREET
City-St-Zip: CABOT, AR 72023

Title: VSD () Delete
Name: VANN, DAVID
Address: 1212 SOUTH MAIN STREET
City-St-Zip: CABOT, AR 72023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WOOSLEY, DAVID
Address: 1212 SOUTH 2ND STREET
City-St-Zip: CABOT, AR 72023

Title: VSD (X) Change () Addition
Name: VANN, DAVID
Address: 1212 SOUTH 2ND STREET
City-St-Zip: CABOT, AR 72023

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: DAVID WOOSLEY

PRES

10/09/2006

Electronic Signature of Signing Officer or Director

Date