2010 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jul 08, 2010
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:

Current Mailing Address:

P.O. BOX 550938
JACKSONVILLE, FL 32255

New Mailing Address:

BUTLER PLAZA I
4899 BELFORT RD STE 205
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:

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

Name and Address of New Registered Agent:

KELLY, DARLENE
BUTLER PLAZA I
4899 BELFORT RD STE 205
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: DARLENE KELLY 07/08/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP
Name: KELLY, PATRICK
Address: BUTLER PLAZA I 4899 BELFORT PLAZA STE 205
City-St-Zip: JACKSONVILLE, FL 32256

Title: ST
Name: KELLY, DARLENE
Address: BUTLER PLAZA I 4899 BELFORT RD STE 205
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: DARLENE KELLY CFO 07/08/2010
Electronic Signature of Signing Officer or Director Date