

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F10000002181

Entity Name: MED SUPPLY CABINET, INC.

FILED
Oct 10, 2011
Secretary of State

Current Principal Place of Business:

1519 GEHMAN ROAD
HARLEYSVILLE, PA 19438

New Principal Place of Business:

Current Mailing Address:

1519 GEHMAN ROAD
HARLEYSVILLE, PA 19438

New Mailing Address:

FEI Number: 23-3058868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORAN, MARY ELLEN
2500 DRANE FIELD ROAD
LAKELAND, FL 33811 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: MARY ELLEN DORAN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CPVT
Name: DORAN, THOMAS W
Address: 304 REGENCY DRIVE
City-St-Zip: NORTH WALES, PA 19454

Title: S
Name: DORAN, MARY E
Address: 304 REGENCY DRIVE
City-St-Zip: NORTH WALES, PA 19545

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: MARY ELLEN DORAN

Electronic Signature of Signing Officer or Director

VP

10/10/2011

Date