

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F14679

**FILED**  
**Aug 17, 2011**  
**Secretary of State**

**Entity Name:** REEF MEDICAL SUPPLY CORP.

**Current Principal Place of Business:**

14307 S DIXIE HWY  
MIAMI, FL 33176

**New Principal Place of Business:**

14307 S DIXIE HWY  
PALMETTO BAY, FL 33176

**Current Mailing Address:**

14307 S DIXIE HWY  
MIAMI, FL 33176

**New Mailing Address:**

14307 S DIXIE HWY  
PALMETTO BAY, FL 33176

**FEI Number:** 59-2073772

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PASCUAL, GIL  
14307 SW DIXIE HWY  
MIAMI, FL 33176 US

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

PASCUAL, GIL  
14307 SW DIXIE HWY  
PALMETTO BAY, FL 33176 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: GIL PASCUAL

08/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MALIN, MAURICE  
Address: 45 HALL PLACE  
City-St-Zip: TAPPAN, NY 10983

Title: V  
Name: PASCUAL, GIL  
Address: 14307 S DIXIE HWY  
City-St-Zip: PALMETTO BAY, FL 33176

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: GIL PASCUAL

VP

08/17/2011

Electronic Signature of Signing Officer or Director

Date