

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 18 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000001811

1. Corporation Name

PRN-MEDICAL, INC.
FLORIDA DOCTOR SUPPLY, INC.

Principal Place of Business

6351 ROCKVILLE RD.
INDIANAPOLIS IN 46234

Mailing Address

6351 ROCKVILLE RD.
INDIANAPOLIS IN 46234

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

8119-37 Zionsville Rd.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

8119-37 Zionsville Rd.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

04/14/1985

5. FEI Number

35-1942415

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	TURNER, RICHARD W	6351 ROCKVILLE RD.	INDIANAPOLIS IN 46234
V	TURNER, JULIE K	6351 ROCKVILLE RD.	INDIANAPOLIS IN 46234
GT	BRUZZESE, GREGORY A	6351 ROCKVILLE RD.	INDIANAPOLIS IN 46234
S	MLOTEK MARK E	135 DURYEA ROAD	MELVILLE, NY 11747

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11-20-96

8. Name and Address of Current Registered Agent

ORR, BRUCE
7406 S.W. 48TH ST.
MIAMI FL 33155

9. Name and Address of New Registered Agent

Name
Richard W. Turner
Street Address (P.O. Box Number is Not Acceptable)
10421 S.W. 89th Ave
Suite, Apt. #, Etc.

City Miami State FL Zip Code 33176

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature] SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-6-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARK MLOTEK

10/23/96 (317) 271-0900
Date Daytime Phone #