

2004 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 20, 2004
Secretary of State**

DOCUMENT# F99000005847

Entity Name: UROMED SUPPLIES, INC.

Current Principal Place of Business:

1095 WINDWARD RIDGE PKWY
SUITE 170
ALPHARETTA, GA 30005

New Principal Place of Business:

Current Mailing Address:

1095 WINDWARD RIDGE PKWY
SUITE 170
ALPHARETTA, GA 30005

New Mailing Address:

FEI Number: 58-2215607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNS, HERBERT II
2901 CURRY FORD ROAD
SUITE 208 A
ORLANDO, FL 32806 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: _____

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: DV () Delete
Name: DORMINEY, KEITH B
Address: 8490 EDWARDTON DRIVE
City-St-Zip: ROSWELL, GA 30075

Title: DV () Delete
Name: BURNS, HERBERT C III
Address: 435 LONGWOOD LANE
City-St-Zip: ALPHARETTA, GA 30004

Title: DP () Delete
Name: WEATHERFORD, JAMES A
Address: 256 OVERLOOK ROAD
City-St-Zip: DAWSONVILLE, GA 30534

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES A. WEATHERFORD

DP

10/20/2004

Electronic Signature of Signing Officer or Director

_____ Date