2012 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 09, 2012
Secretary of State

DOCUMENT# K26171

Entity Name: NORTH FLORIDA MEDICAL SALES AND RENTALS, INC.

Current Principal Place of Business:

347 S.W. MAIN BLVD.
SUITE 101
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

347 S.W. MAIN BLVD.
SUITE 101
LAKE CITY, FL 32025

New Mailing Address:

FEI Number: 59-2901572 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIDDLETON, JAMES SCOTT
347 S.W. MAIN BLVD.
SUITE 101
LAKE CITY, FL 32025 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: J. SCOTT MIDDLETON
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: MIDDLETON, JAMES SCOTT
Address: 3475 S.W. MAIN BLVD.
City-St-Zip: LAKE CITY, FL 32025

Title: ST
Name: MIDDLETON, PATRICIA
Address: 347 S.W. MAIN BLVD. SUITE 101
City-St-Zip: LAKE CITY, FL 32025

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: J.SCOTT MIDDLETON PRES 10/09/2012
Electronic Signature of Signing Officer or Director Date