

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000099831

**FILED**  
**Oct 04, 2010**  
**Secretary of State**

**Entity Name:** ON-CALL MEDICAL SUPPLIES, LLC

**Current Principal Place of Business:**

5889 S WILLIAMSON BLVD  
SUITE #1305  
PORT ORANGE, FL 32128 US

**New Principal Place of Business:**

**Current Mailing Address:**

5889 S WILLIAMSON BLVD  
SUITE #1305  
PORT ORANGE, FL 32128 US

**New Mailing Address:**

**FEI Number:** 20-5722189

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PONDERT, STEPHEN R  
114 S PALMETTO  
DAYTONA BEACH, FL 32114 US

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

PONDER, STEPHEN R  
114 S PALMETTO  
DAYTONA BEACH, FL 32114 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: STEPHEN R PONDER

10/04/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LYNNE, DEANNA  
Address: 908 CANAL VIEW BLVD.  
City-St-Zip: PORT ORANGE, FL 32129

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DEANNA LYNNE

MGRM

10/04/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date