

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# M45183

**FILED**  
**Oct 12, 2011**  
**Secretary of State**

**Entity Name:** AACTION MEDICAL EQUIPMENT OF FLORIDA, INC.

**Current Principal Place of Business:**

1671 W. 37TH ST  
SUITE 3  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

1671 W. 37TH ST  
SUITE 3  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 59-2758203

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SUAREZ, FRANCISCO PRES  
1671 W. 37TH ST #3  
HIALEAH, FL 33012 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:** FRANCISCO SUAREZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PVTs  
**Name:** SUAREZ, FRANCISCO  
**Address:** 1671 W 37TH ST SUITE 3  
**City-St-Zip:** HIALEAH, FL 33012

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:** FRANCISCO SUAREZ

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10/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date