DOCU	MENT # P000000		100 (0011)	8
1. Entity Nar	r Medical & Surgical Supp	PLY, INC.		FILED
Principal Place of Business 1103 LUCERNE TERR. ORLANDO FL 32806		Mailing Address 1103 LUCERNE TERR. ORLANDO FL 32806		O1 MAY 29 PM 4: 46 SECRETARY OF STATE TABLE AHASSEE, FLORIDA
2. Principal Place of Business Suite, Apt. st, etc.		3. Mailing Address 609 VIR6 Suite, Apt. #, etc.	INIA DRIVE	DO NOT WRITE IN THIS SPACE () 1 2 10 0
City & State		City & State ORLAND 0	FLORIDA	4. FEI Number Applied For Not Applicable
Zip	Country 6. Name and Address of Current R	^{Zip} 32803	Country	S. Certificate of Status Desired
PENDERGRAFT, JAMES S IV 1103 LUCERNE TERR. ORLANDO FL 32806 8. The above named entity submits this statement for the purpose of changing its			City	s (P.O. Box Number is Not Acceptable) FL Zip Code lered agent, or both, in the State of Florida.
SIGNATURE	Signature, typed or printed name of registered agent and	if title if applicable. (NOT	Registered Agent's gnature requi	red when reinstating) DATE
9. This corporation is eligible to satisfy its Intangibl Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2	FEE IS \$150.00 1 Fee will be \$550.00 te to Department of S	
THLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D P/S/D JAMIES S. PENDERGI 1103 LUCERNE TERRACE ORLANDO FL 3280	PAPT, IV	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition (00) Addition (00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3200	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition B
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADOR! SS CITY-ST-ZIP	800004326498-040ph -05/29/0101142019 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRISS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRI SS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated	on this report or supplemental report is tri	ue and accurate and that IN	he exemption stated in S signature shall have the	section 119.07(3)(i), Florida Statutes. I further certify that the information a same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 11 or Block 12\(\text{lif}\)

JAMES S. PENDERGROTTIL 5/23/01 (407)
Date Daytime Phone #

SIGNATURE: