

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000024001

**FILED**  
**Oct 02, 2014**  
**Secretary of State**

**Entity Name:** MEDICAL SUPPORT MANAGEMENT, INC.

**Current Principal Place of Business:**

6738 WEST SUNRISE BLVD  
SUITE 106  
PLANTATION, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 266654  
WESTON, FL 33326

**New Mailing Address:**

**FEI Number:** 65-0990592

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZOLDAN, MICHAEL  
6738 WEST SUNRISE BLVD  
SUITE 106  
PLANTATION, FL 33313 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:** MICHAEL ZOLDAN

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** ZOLDAN, MICHAEL  
**Address:** 6738 WEST SUNRISE BLVD SUITE 106  
**City-St-Zip:** PLANTATION, FL 33313

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:** MICHAEL ZOLDAN

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

PRES

10/02/2014

\_\_\_\_\_  
Date