2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000003509

BRANDON, FL 33511

City-St-Zip:

FILED Oct 08, 2009 Secretary of State

Entity Name: MS SUPPLY & HOME HEALTH CO. **Current Principal Place of Business: New Principal Place of Business:** 1013 S US HWY 301 TAMPA, FL 33619 **Current Mailing Address: New Mailing Address:** P O BOX 2642 BRANDON, FL 33509 FEI Number: 03-0374741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SANTOS, MANUEL A 1013 S US HWY 301 TAMPA, FL 33619 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SANTOS, MANUEL A Name: Name: 1407 NEW BRITAIN DR. Address: Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: SANTOS, MAGDALENA Name: 2005 BRIDGEHAMPTON PL Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Ρ SIGNATURE: MANUEL SANTOS 10/08/2009