2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 01, 2009
Secretary of State

DOCUMENT# P02000003509

Entity Name: MS SUPPLY & HOME HEALTH CO.

Current Principal Place of Business:

1013 S US HWY 301
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

P O BOX 2642
BRANDON, FL 33509

New Mailing Address:

FEI Number: 03-0374741 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANTOS, MANUEL A
1013 S US HWY 301
TAMPA, FL 33619 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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SANTOS, MANUEL A
Address: 1407 NEW BRITAIN DR.
City-St-Zip: BRANDON, FL 33511

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V ( ) Change (X) Addition
Name: SANTOS, MAGDALENA
Address: 2005 BRIDGEHAMPTON PL
City-St-Zip: BRANDON, FL 33511

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.

SIGNATURE: MANUEL SANTOS P 12/01/2009

Electronic Signature of Signing Officer or Director — Date