



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000023368 1. Entity Name AXESS MEDICAL SUPPLY AND EQUIPMENT INC.					
Principal Place of Business 7520 SW 30 TERR MIAMI, FL 33155			Mailing Address 7520 SW 30 TERR MIAMI, FL 33155		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="font-size: 1.2em; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">05 FEB 28 PM 3:49</div> <div style="font-size: 0.8em; margin-bottom: 10px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 02182005 REIN-P CR2E098 (6/04) </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 4. FEI Number 352198017 Applied For Not Applicable </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required </div>	
6. Name and Address of Current Registered Agent DIAZ, RICHARD 7520 SW 30 TERR MIAMI, FL 33155				7. Name and Address of New Registered Agent Name Yoriel C. Carballo Street Address (P.O. Box Number is Not Acceptable) 7520 SW 30 Terr City Miami FL Zip Code 33155	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE 2/22/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DIAZ, RICHARD 7520 SW 30 TERR MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S.T Yoriel C. Carballo 7520 SW 30 Terr Miami, FL 33155	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100047924941 03/08/05--01018--015 **300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/25/05 786-512-3632 <small>Date Daytime Phone #</small>		