2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 06, 2008
Secretary of State

DOCUMENT# P03000053542

Entity Name: S.C.I-MEDICAL SUPPLY INC.

Current Principal Place of Business:

7310 NW 7TH AVE.
MIAMI, FL 33150

New Principal Place of Business:

1923 NW 43 ST
MIAMI, FL 33142

Current Mailing Address:

7310 NW 7TH AVE.
MIAMI, FL 33150

New Mailing Address:

1923 NW 43 ST
MIAMI, FL 33142

FEI Number: 05-0567118 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWAIN, MARCEA
1914 NW 43 ST
MIAMI, FL 33142 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: MARCEA SWAIN
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CIO ( ) Delete
Name: SWAIN, MARCEA
Address: 1914 NW 43 STREET
City-St-Zip: MIAMI, FL 33142

Title: S ( ) Delete
Name: JOLICOEUR, CHRISTIE V
Address: 804 NW 34 ST
City-St-Zip: MIAMI, FL 33127

Title: CEO ( ) Delete
Name: SWAIN, ANTHONY
Address: 1914 NW 43 ST
City-St-Zip: MIAMI, FL 33142

Title: CFO ( ) Delete
Name: SWAIN, QUENTIN C
Address: 1914 NW43ST
City-St-Zip: MIAMI, FL 33142

Title: COO ( ) Delete
Name: SWAIN, CRAIG A
Address: 1914 NW 43 ST
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SEC (X) Change ( ) Addition
Name: SWAIN, CAMERON
Address: 1914 NW 43 ST
City-St-Zip: MIAMI, FL 33142

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

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

Title: ( ) Change ( ) Addition
Name:
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.

SIGNATURE: ANTHONY SWAIN CEO 03/06/2008
Electronic Signature of Signing Officer or Director Date