

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000053542

FILED
Jan 04, 2010
Secretary of State

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

Current Principal Place of Business:

1923 NW 43 ST
MIAMI, FL 33142

New Principal Place of Business:

4220 NW 22 AVE
MIAMI, FL 33142

Current Mailing Address:

1923 NW 43 ST
MIAMI, FL 33142

New Mailing Address:

FEI Number: 80-0430149 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

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: ANTHONY 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
Name: SWAIN, MARCEA
Address: 1914 NW 43 STREET
City-St-Zip: MIAMI, FL 33142

Title: SEC
Name: SWAIN, CAMERON
Address: 1914 NW 43 ST
City-St-Zip: MIAMI, FL 33142

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

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

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

Title: CON
Name: CARTER III, R.P.H., JOHNNIE
Address: 4220 N.W 22 AV
City-St-Zip: MIAMI, FL 33142 US

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: ANTHONY SWAIN

CEO

01/04/2010

Electronic Signature of Signing Officer or Director

Date