

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000088195

**FILED**  
**Jul 28, 2005**  
**Secretary of State**

**Entity Name:** MEDICAL SUPPLIES OF FLORIDA, INC.

**Current Principal Place of Business:**

1455 NW 14 ST  
MIAMI, FL 33125

**New Principal Place of Business:**

8181 NW 36 STREET  
SUITE 1905  
MIAMI, FL 33166

**Current Mailing Address:**

1455 NW 14 ST  
MIAMI, FL 33125

**New Mailing Address:**

8181 NW 36 STREET  
SUITE 1905  
MIAMI, FL 33166

**FEI Number:** 73-1675759

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HERNANDEZ, ELAYNE  
1455 NW 14 ST  
MIAMI, FL 33125 US

**Name and Address of New Registered Agent:**

OSORIO, JUAN M  
8181 NW 36 STREET  
SUITE 1905  
MIAMI, FL 33166 US

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: JUAN M. OSORIO

07/28/2005

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: DVS ( ) Delete  
Name: TOME, YUNI  
Address: 1455 NW 14 ST  
City-St-Zip: MIAMI, FL 33125

Title: DPT (X) Delete  
Name: HERNANDEZ, ELAYNE  
Address: 1455 NW 14 ST  
City-St-Zip: MIAMI, FL 33125

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPS (X) Change ( ) Addition  
Name: OSORIO, JUAN M  
Address: 8181 NW 36 STREET, SUITE 1905  
City-St-Zip: MIAMI, FL 33166

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JUAN M. OSORIO

DPS

07/28/2005

Electronic Signature of Signing Officer or Director

Date