

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000090940

**FILED**  
**Oct 26, 2009**  
**Secretary of State**

**Entity Name:** AFFINITY HOME MEDICAL EQUIPMENT, INC.

**Current Principal Place of Business:**

3609 49TH STREET NORTH  
ST. PETE, FL 33710

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 130566  
TAMPA, FL 33681

**New Mailing Address:**

FEI Number: 20-0198013

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBBINS, MICHAEL H ESQ.  
SHUMAKER, LOOP & KENDRICK, LLP  
101 E. KENNEDY BLVD., SUITE 2800  
TAMPA, FL 33602 US

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

ROBBINS, MICHAEL H ESQ.  
INCORPORATE USA, INC.  
6534 CENTRAL AVE  
ST PETERSBURG, FL 33707 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: JOHN F. MARTIN FOR INCORPORATE USA, INC.

10/26/2009

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: PRES ( ) Delete  
Name: SCHWEITZER, RICHARD J PRES  
Address: 12055 GANDY BLVD #252  
City-St-Zip: ST PETE, FL 33702

Title: VP ( ) Delete  
Name: SPADORCIA, ANTHONY J VP  
Address: 5611 30TH AVE S  
City-St-Zip: GULFPORT, FL 33707

Title: SEC ( ) Delete  
Name: CARTIER, KRISTOFFER G SEC  
Address: 10736 64TH AVE N  
City-St-Zip: SEMINOLE, FL 33772

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

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 J. SPADORCIA

VP

10/26/2009

Electronic Signature of Signing Officer or Director

Date