

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000036382

**FILED**  
**Nov 04, 2008**  
**Secretary of State**

**Entity Name:** MEDICAL SUPPLY STORE #1, INC.

**Current Principal Place of Business:**

4889 COCONUT CREEK PARKWAY  
COCONUT CREEK, FL 33063 US

**New Principal Place of Business:**

**Current Mailing Address:**

4889 COCONUT CREEK PARKWAY  
COCONUT CREEK, FL 33063 US

**New Mailing Address:**

1381 N UNIVERSITY DRIVE  
CORAL SPRING, FL 33071 US

**FEI Number:** 56-2438120

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KUNCMAN, KAREN  
700 NE HARBOR TERRAC E  
BOCA RATON, FL 33431 US

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

BUCHHOLZ, JOSEPH  
1831 N UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33431 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: JOSEPH BUCHHOLZ

11/04/2008

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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: MS ( ) Change (X) Addition  
Name: DEONARINE, NISHA  
Address: N UNIVERSITY DRIVER  
City-St-Zip: CORAL SPRINGS, FL 33071

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: NISHA DEONARINE

MS

11/04/2008

Electronic Signature of Signing Officer or Director

Date