2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 28, 2005
Secretary of State

DOCUMENT# P04000044277

Entity Name: MEDICAL SUPPLY OF SOUTH FLORIDA INC.

Current Principal Place of Business:

6363 TAFT STREET
SUITE 104
HOLLYWOOD, FL 33024 US

New Principal Place of Business:

8342 S.W. 40 STREET
MIAMI, FL 33155 US

Current Mailing Address:

6363 TAFT STREET
SUITE 104
HOLLYWOOD, FL 33024 US

New Mailing Address:

8342 S.W. 40 STREET
MIAMI, FL 33155 US

FEI Number: 90-0150979 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANZ, NATALIE
6363 TAFT STREET
SUITE 104
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

VELIZ, ANA M
999 PONCE DE LEON BOULEVARD
PH 1120
CORAL GABLES, FL 33134 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: ANA M. VELIZ 09/28/2005
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: PRES ( ) Delete
Name: SANZ, NATALIE
Address: 6363 TAFT STREET SUITE 104
City-St-Zip: HOLLYWOOD, FL 33024 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: SANZ, NATALIE
Address: 8342 S.W. 40TH STREET
City-St-Zip: MIAMI, FL 33155 US

Title: SEC ( ) Change (X) Addition
Name: SANZ, NATALIA
Address: 8342 S.W. 40 STREET
City-St-Zip: MIAMI, FL 33155 US

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: NATALIA SANZ PRES 09/28/2005
Electronic Signature of Signing Officer or Director Date