

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000093233

FILED
Jan 17, 2006
Secretary of State

Entity Name: HORIZON MEDICAL SUPPLY INC.

Current Principal Place of Business:

2025 BELL RANCH STREET
BRANDON, FL 33511

New Principal Place of Business:

1100 NORTH 50TH ST STE 3 J
TAMPA, FL 33619

Current Mailing Address:

2025 BELL RANCH STREET
BRANDON, FL 33511

New Mailing Address:

1100 NORTH 50TH ST STE 3 J
TAMPA, FL 33619

FEI Number: 20-1256144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, ROBERTO
2025 BELL RANCH STREET
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

MARTINEZ, ROBERTO
1100 NORTH 50TH ST STE 3 J
TAMPA, FL 33619 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: ROBERTO MARTINEZ

01/17/2006

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: V () Delete
Name: MARTINEZ, ROBERTO
Address: 2025 BELL RANCH STREET
City-St-Zip: BRANDON, FL 33511

Title: P () Delete
Name: SANTOS, FARIDA
Address: 2025 BELL RANCH STREET
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: MARTINEZ, ROBERTO
Address: 1100 NORTH 50TH ST STE 3 J
City-St-Zip: TAMPA, FL 33619

Title: P (X) Change () Addition
Name: SANTOS, FARIDA
Address: 1100 NORTH 50TH ST STE 3 J
City-St-Zip: TAMPA, FL 33619

I hereby certify that the information supplied with this filing does not qualify for the 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: FARIDA SANTOS

P

01/17/2006

Electronic Signature of Signing Officer or Director

Date