

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000124582

Entity Name: SGH MEDICAL SUPPLIES, INC.

**FILED**  
**Oct 07, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

20900 NE 30TH. AVENUE  
SUITE #: 841  
AVENTURA, FL 33180

## **New Principal Place of Business:**

20900 NE 30TH. AVENUE  
SUITE #: 806  
AVENTURA, FL 33180

## **Current Mailing Address:**

20900 NE 30TH. AVENUE  
SUITE #: 841  
AVENTURA, FL 33180

## **New Mailing Address:**

20900 NE 30TH. AVENUE  
SUITE #: 806  
AVENTURA, FL 33180

FEI Number: 90-0196763

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RAPPORT, STEPHEN R  
201 ALHAMBRA CIRCLE SUITE 711  
CORAL GABLES, FL 33134 US

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

PABLO, PEREZ J  
14900 SW 76 CT  
MIAMI, FL 33158 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: PABLO J. PEREZ

10/07/2010

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PD  
Name: BLASI, MAGIN  
Address: 20900 NE 30TH. AVENUE, SUITE# 806  
City-St-Zip: AVENTURA, FL 33180

Title: VPD  
Name: BLASI, FERNANDO  
Address: 20900 NE 30TH. AVENUE, SUITE# 806  
City-St-Zip: AVENTURA, FL 33180

I hereby 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 all other like empowered.

SIGNATURE: PABLO J PEREZ

MR

10/07/2010

Electronic Signature of Signing Officer or Director

Date