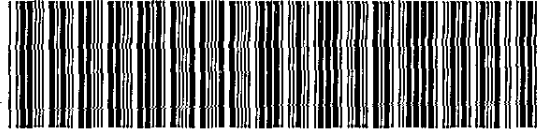


P04000127158

From: Esther Visena
Florida Regional Medical
Supplies, Inc
4634 Palm Beach Blvd
Ft. Myers, FL 33905



400056671714

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 23, 2005

ESTHER VISUNA
FLORIDA REGIONAL MEDICAL SUPPLIES, INC.
4634 PALM BEACH BLVD.
FT. MYERS, FL 33905

SUBJECT: FLORIDA REGIONAL MEDICAL SUPPLIES, INC.
Ref. Number: P04000127158

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The fee to file your document is \$35.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 405A00035239

RECEIVED
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DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 17, 2005

ESTHER VISUNA
FLORIDA REGIONAL MEDICAL SUPPLIES, INC.
2709 SWAMP CABBAGE COURT, SUITE 203
FT. MYERS, FL 33901

SUBJECT: FLORIDA REGIONAL MEDICAL SUPPLIES, INC.
Ref. Number: P04000127158

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The fee to file your document is \$35.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 405A00035239

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Florida Regional Medical Supplies, Inc
2. The principal office address: 4634 Palm Beach Blvd.
Ft. Myers, FL 33905
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10-01-2004 Document number: P04000127158

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Esther Visuna
1720 SW 49th Lane
Cape Coral, FL 33914

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

4634 Palm Beach Blvd
Ft. Myers, FL 33905
(P.O. Box NOT acceptable)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FL 32310

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Esther Visuna
(Signature of an officer or director)

ESTHER Visuna
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Esther Visuna
(Signature of Registered Agent)

05/10/05
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314