

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000127158

FILED
Oct 23, 2006
Secretary of State

Entity Name: FLORIDA REGIONAL MEDICAL SUPPLIES, INC.

Current Principal Place of Business:

861-B SE 47TH ST
CAPE CORAL, FL 33904

New Principal Place of Business:

1737 SE 49TH LN
CAPE CORAL, FL 33914

Current Mailing Address:

1720 SW 49TH LN
CAPE CORAL, FL 33914

New Mailing Address:

1737 SW 49TH LN
CAPE CORAL, FL 33914

FEI Number: 56-2478685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VISUNA, ESTHER
861-B SE 47TH ST
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

MIREYA, ARBOS
1737 SW 49TH LN
CAPE CORAL, FL 33914 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: MIREYA ARBOS

10/23/2006

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: P () Delete
Name: VISUNA, ESTHER
Address: 1720 SW 49TH LANE
City-St-Zip: CAPE CORAL, FL 33914

Title: VP (X) Delete
Name: GONZALEZ, JULIO
Address: 1720 SW 49TH LANE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ARBOS, MIREYA
Address: 1720 SW 49TH LANE
City-St-Zip: CAPE CORAL, FL 33914

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MIREYA ARBOS

P

10/23/2006

Electronic Signature of Signing Officer or Director

Date