

May 05 2002 5:15PM

John L. Tomlinson, CPA, PA

954-771-9488

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Division of Corporations

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PO5000090623

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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From:

Account Name : JOHN L. TOMLINSON
Account Number : 119980000017
Phone : (954) 771-9336
Fax Number : (954) 771-9488

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
A & C INDUSTRIAL & MEDICAL SUPPLY INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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: A & C Industrial & Medical Supply, Inc.
2. The principal office address: 10876 Lake Front Place, Boca Raton, FL 33498
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/24/2005 Document number: P05000090623

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Gerald Marcow2500 Parkview Drive, #1714Hallandale, FL 33009

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

Gerald Marcow10876 Lake Front PlaceBoca Raton, FL 33498P.O. Box NOT acceptable

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.

[Signature]
Signature of an officer or director

Gerald Marcow
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.

[Signature]
Signature of Registered Agent

5/4/2010
Date

If signing on behalf of an entity:

Gerald W. Marcow
Typed or Printed Name

Gerald Marcow

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

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

CR2E043 (8/05)

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