2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 20, 2006
Secretary of State

DOCUMENT# P05000121649

Entity Name: COUNTY LINE MEDICAL SUPPLY, INC.

Current Principal Place of Business:

5852 N.W. 199 ST
MIAMI, FL 33015

New Principal Place of Business:

2514 HOLLYWOOD BLVD.
200
HOLLYWOOD, FL 33020

Current Mailing Address:

5852 N.W. 199 ST
MIAMI, FL 33015

New Mailing Address:

2514 HOLLYWOOD BLVD.
200
HOLLYWOOD, FL 33020

FEI Number: 37-1516192 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASTILLO, MIGUEL A
5852 N.W. 199 ST
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

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: MIGUEL A. CASTILLO
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: DP ( ) Delete
Name: CASTILLO, MIGUEL A
Address: 5852 N.W. 199 ST
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MIGUEL A. CASTILLO PD 11/20/2006
Electronic Signature of Signing Officer or Director — Date