

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000129984

FILED
Jun 25, 2009
Secretary of State

Entity Name: MEDICAL PARTS AND LOGISTICS CORP

Current Principal Place of Business:

6976 W CAMINO REAL
118
BOCA RATON, FL 33433

New Principal Place of Business:

199 E FLAGLER STREET
300
MIAMI, FL 33131

Current Mailing Address:

199 E FLAGLER ST
300
MIAMI, FL 33131

New Mailing Address:

199 E FLAGLER STREET
300
MIAMI, FL 33131

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SARASQUETA TORRES, CAROLA
6976 W CAMINO REAL
118
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

SARASQUETA TORRES, CAROLA
199 E FLAGLER STREET
300
MIAMI, FL 33131 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: CAROLA SARASQUETA

06/25/2009

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: SARASQUETA TORRES, CAROLA
Address: 6976 W CAMINO REAL # 118
City-St-Zip: BOCA RATON, FL 33433

Title: VP () Delete
Name: DOMINGUEZ, MARCELO SR
Address: 6976 W CAMINO REAL # 118
City-St-Zip: BOCA RATON, FL 33433

Title: SECR (X) Delete
Name: LAGE, JORGE SR
Address: 6976 W CAMINO REAL # 118
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SARASQUETA TORRES, CAROLA
Address: 199 E FLAGLER STREET
City-St-Zip: MIAMI, FL 33131

Title: SECR (X) Change () Addition
Name: LAGE, JORGE SR
Address: 199 E FLAGLER STREET
City-St-Zip: MIAMI, FL 33131

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

I hereby certify that the information supplied with this filing does not qualify 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: CAROLA SARASQUETA

P

06/25/2009

Electronic Signature of Signing Officer or Director

Date