## 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000164558

Entity Name: A-1 MEDICAL SUPPLIES, CORP.

FILED Oct 24, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

12235 SW 17TH LANE, #104 10523 SW 40TH STREET MIAMI, FL 33175 MIAMI, FL 33165

Current Mailing Address: New Mailing Address:

12235 SW 17TH LANE, #104 10523 SW 40TH STREET MIAMI, FL 33175 MIAMI, FL 33165

FEI Number: 20-3972917 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 LINARES, ANETTE
 LINARES, ANETTE

 12235 SW 17TH LANE, #104
 10523 SW 40TH STREET

 MIAMI, FL 33175 US
 MIAMI, FL 33165 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: ANETTE LINARES 10/24/2006

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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 LINARES, ANETTE
 Name:

 Address:
 12235 SW 17TH LANE, #104
 Address:

 City-St-Zip:
 MIAMI, FL 33175
 City-St-Zip:

Title: VD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 LACA, MARLENE
 Name:

 Address:
 3050 SW 136TH CT.
 Address:

 City-St-Zip:
 MIAMI, FL 33175
 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: ANETTE LINARES PRES 10/24/2006