

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000165164

**FILED**  
**Nov 05, 2006**  
**Secretary of State**

**Entity Name:** PALMETTO MEDICAL EQUIPMENT & SUPPLIES, INC.

**Current Principal Place of Business:**

2100 W. 76 ST SUITE #302  
HIALEAH, FL 33016

**New Principal Place of Business:**

2100 W. 76 ST  
SUITE #302  
HIALEAH, FL 33016

**Current Mailing Address:**

2100 W. 76 ST SUITE #302  
HIALEAH, FL 33016

**New Mailing Address:**

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

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

LEAL, CIPRIANO  
2100 W. 76 ST SUITE #302  
HIALEAH, FL 33016    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: CIPRIANO LEAL

\_\_\_\_\_  
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:                      LEAL, CIPRIANO  
Address:                      2100 W. 76 ST SUITE #302  
City-St-Zip:                      HIALEAH, FL 33016

**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: CIPRIANO LEAL

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

11/05/2006

\_\_\_\_\_  
Date