

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000027914

**FILED**  
**Jan 29, 2014**  
**Secretary of State**

**Entity Name:** ST. ANDREW'S MEDICAL SUPPLY, INC.

**Current Principal Place of Business:**

1202 TECH BOULEVARD  
SUITE 105  
TAMPA, FL 33619 US

**New Principal Place of Business:**

**Current Mailing Address:**

3100 PACIFIC STREET NORTH  
MINNEAPOLIS, MN 55411 US

**New Mailing Address:**

1701 BROADWAY STREET NE  
MINNEAPOLIS, MN 55413 US

**FEI Number:** 74-3165557

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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:** GEANNE NELSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** CFO  
**Name:** PENVOSE, ROBERT P JR  
**Address:** 1701 BROADWAY STREET NE  
**City-St-Zip:** MINNEAPOLIS, MN 55413 US

**Title:** CEO  
**Name:** CIANFROCCA, TODD  
**Address:** 1701 BROADWAY STREET NE  
**City-St-Zip:** MINNEAPOLIS, MN 55413 US

I hereby 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 all other like empowered.

**SIGNATURE:** ROBERT P. PENVOSE, JR.

CFO

01/29/2014

Electronic Signature of Signing Officer or Director

Date