2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2007
Secretary of State

DOCUMENT# P06000053089

Entity Name: BAAL MEDICAL SUPPLY, INC.

Current Principal Place of Business:

2409 S CLARK AVE
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

2409 S CLARK AVE
TAMPA, FL 33629

New Mailing Address:

10453 E LOS LAGOS VISTA AVE
MESA, AZ 85209

FEI Number: 83-0454467 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAMAS, OUSSAMA
2409 S CLARK AVE
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

CHAMAS, OUSSAMA
10453 E LOS LAGOS VISTA AVE
MESA, FL 85209 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: OUSSAMA CHAMAS 10/05/2007
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: CHAMAS, OUSSAMA
Address: 2409 S CLARK AVE
City-St-Zip: TAMPA, FL 33629

Title: T ( ) Delete
Name: JAMALEDDINE, CHIRAZ
Address: 2409 S CLARK AVE
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CHAMAS, OUSSAMA
Address: 10453 E LOS LAGOS VISTA AVE
City-St-Zip: MESA, AZ 85209

Title: T (X) Change ( ) Addition
Name: JAMALEDDINE, CHIRAZ
Address: 10453 E LOS LAGOS VISTA AVE
City-St-Zip: MESA, AZ 85209

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: OUSSAMA CHAMAS P 10/05/2007
Electronic Signature of Signing Officer or Director Date