

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000134603

**FILED**  
**Nov 13, 2008**  
**Secretary of State****Entity Name:** RELIABLE MEDICAL SUPPLIES, INC.**Current Principal Place of Business:**2564 COMMERCE PARKWAY  
UNIT #2  
NORTH PORT, FL 34289**New Principal Place of Business:**2975 BOBCAT VILLAGE CENTER RD  
UNIT #100  
NORTH PORT, FL 34288**Current Mailing Address:**2564 COMMERCE PARKWAY  
UNIT #2  
NORTH PORT, FL 34289**New Mailing Address:**2975 BOBCAT VILLAGE CENTER RD  
UNIT #100  
NORTH PORT, FL 34288**FEI Number:** 20-5718127**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BRASCH, JOHN E JR  
2564 COMMERCE PARKWAY  
UNIT #2  
NORTH PORT, FL 34289 US**Name and Address of New Registered Agent:**BRASCH, JOHN E JR  
2975 BOBCAT VILLAGE CENTER RD  
UNIT #100  
NORTH PORT, FL 34288 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:

11/13/2008

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:****Title:** V ( ) Delete  
**Name:** CALLAHAN, MIKE J  
**Address:** 2564 COMMERCE PKWY, UNIT 2  
**City-St-Zip:** NORTH PORT, FL 34289**Title:** P (X) Delete  
**Name:** BRASCH, JOHN  
**Address:** 2564 COMMERCE PKWY, UNIT 2  
**City-St-Zip:** NORTH PORT, FL 34289**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** CEO (X) Change ( ) Addition  
**Name:** BRASCH, JOHN E JR  
**Address:** 2975 BOBCAT VILLAGE CENTER RD, UNIT #100  
**City-St-Zip:** NORTH PORT, FL 34288**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: JOHN BRASCH

CEO

11/13/2008

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