

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000134603

FILED
Apr 08, 2009
Secretary of State

Entity Name: RELIABLE MEDICAL SUPPLIES, INC.

Current Principal Place of Business:

2975 BOBCAT VILLAGE CENTER RD
UNIT #100
NORTH PORT, FL 34288

New Principal Place of Business:

Current Mailing Address:

2975 BOBCAT VILLAGE CENTER RD
UNIT #100
NORTH PORT, FL 34288

New Mailing Address:

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
2975 BOBCAT VILLAGE CENTER RD
UNIT #100
NORTH PORT, FL 34288 US

Name and Address of New Registered Agent:

TRAGER, ROSS
11011 SHERIDAN STREET
SUITE 310
COOPER CITY, FL 33026 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: ROSS TRAGER

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: BRASCH, JOHN E JR
Address: 2975 BOBCAT VILLAGE CENTER RD, UNIT #100
City-St-Zip: NORTH PORT, FL 34288

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FRANK, HOWARD
Address: 2975 BOBCAT VILLAGE CENTER RD, UNIT #100
City-St-Zip: NORTH PORT, FL 34288

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: HOWARD FRANK

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date