2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000134603

Entity Name: RELIABLE MEDICAL SUPPLIES, INC.

FILED Jun 01, 2009 Secretary of State

	Current Principal Place of Business:	New Principal Place of Business
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2975 BOBCAT VILLAGE CENTER RD
UNIT #100
NORTH PORT, FL 34288
2550 N. POWERLINE ROAD
SUITE #102
POMPANO BEACH, FL 33069

Current Mailing Address: New Mailing Address:

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

2550 N. POWERLINE ROAD
SUITE #102
POMPANO BEACH, FL 33069

FEI Number: 20-5718127 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: FRANK, HOWARD Name: FRANK, HOWARD

Address: 2975 BOBCAT VILLAGE CENTER RD, UNIT #100 Address: 2550 N. POWERLINE ROAD #102 City-St-Zip: NORTH PORT, FL 34288 City-St-Zip: POMPANO BEACH, FL 33069

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 06/01/2009