2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 31, 2011
Secretary of State

DOCUMENT# P06000134603

Entity Name: RELIABLE MEDICAL SUPPLIES, INC.

Current Principal Place of Business:

902 CLINT MOORE RD., STE. 114
BOCA RATON, FL 33478

New Principal Place of Business:

902 CLINT MOORE RD., STE. 114
SUITE 310
BOCA RATON, FL 33478

Current Mailing Address:

902 CLINT MOORE RD., STE. 114
BOCA RATON, FL 33478

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:

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

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: PAUL, ERIC
Address: 902 CLINT MOORE RD., STE. 114
City-St-Zip: BOCA RATON, FL 33478

Title: SD
Name: ORMAN, GARY
Address: 902 CLINT MOORE RD., STE. 114
City-St-Zip: BOCA RATON, FL 33478

Title: DR
Name: GOLFMAN, JONATHAN
Address: 902 CLINT MOORE RD., STE. 114
City-St-Zip: BOCA RATON, FL 33487

Title: AD
Name: MICHELIN, FRANK
Address: 902 CLINT MOORE RD., STE 114
City-St-Zip: BOCA RATON, FL 33487

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: ERIC PAUL PD 10/31/2011

Electronic Signature of Signing Officer or Director — Date