

# P06000134603

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

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Account Name : C T CORPORATION SYSTEM  
Account Number : FCA0000000023  
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REGISTERED AGENT CHANGE  
RELIABLE MEDICAL SUPPLIES, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$43.75

11/2/11

APR 2013

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this  
statement of change is submitted for a corporation organized under the laws of the State of Florida  
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: RELIABLE MEDICAL SUPPLIES, INC.
2. The principal office address: 902 CLINT MOORE RD., STE. 114  
BOCA RATON FL 33478
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/23/2006 Document number: P06000134603
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State: (If resigned, enter resigned)

TRAGER, ROSS

11011 SHERIDAN STREET, SUITE 310

COOPER CITY FL 33026

6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent,  
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Gary Orem, Secretary

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity,  
I further agree to comply with the provisions of all statutes relative to the proper and complete performance  
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this  
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the  
corporation has been notified in writing of this change.

By Madonna Cuddihy  
\_\_\_\_\_  
Signature of Registered Agent

11-17-11

Date

If signing on behalf of an entity:

Madonna Cuddihy  
Special Assistant Secretary

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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