

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000134603

**FILED**  
**Aug 20, 2012**  
**Secretary of State**

**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:**

**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:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: OREMAN, 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

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

08/20/2012

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

\_\_\_\_\_  
Date