2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000000268

Entity Name: ADVANTAGE MEDICAL EQUIPMENT AND SUPPLIES, INC.

FILED Dec 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

517 13TH ST.

ST. CLOUD, FL 34769 US

Current Mailing Address: New Mailing Address:

517 13TH ST.

ST. CLOUD, FL 34769 US

FEI Number: 20-8131526 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:

BISSON, DANNY N
1203 FLORIDA AVENUE
BISSON, DANNY N
517 13TH STREET

ST. CLOUD, FL 34769 US ST. CLOUD, FL 34769 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: DANNY N. BISSON 12/15/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOP () Delete Title: CEOP (X) Change () Addition

 Name:
 BISSON, DANNY N
 Name:
 BISSON, DANNY N

 Address:
 1203 FLORIDA AVENUE
 Address:
 517 13TH STREET

 City-St-Zip:
 ST. CLOUD, FL 34769 US
 City-St-Zip:
 ST. CLOUD, FL 34769 US

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: DANNY N. BISSON PRES 12/15/2009