

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000073965

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**Entity Name:** PONCE HOME MEDICAL EQUIPMENT, INC.

**Current Principal Place of Business:**

1100 PLANTATION ISLAND DR, 140  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

1100 PLANTATION ISLAND DR, 140  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** 26-0428777

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KRESGE, KENNETH  
1200 PLANTATION ISLAND DR, SOUTH  
SUITE 230  
ST. AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

PONCE, BETTY  
100 PLANTATION ISLAND DR, SOUTH  
SUITE 140  
ST. AUGUSTINE, FL 32080 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: BETTY PONCE

Electronic Signature of Registered Agent

03/08/2011

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: PONCE, BETTY  
Address: 1100 PLANTATION ISLAND DRIVE STE 140  
City-St-Zip: ST. AUGUSTINE, FL 32080

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: BETTY PONCE

Electronic Signature of Signing Officer or Director

DP

03/08/2011

Date