

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000122742

FILED
Feb 18, 2009
Secretary of State

Entity Name: PINKBOW MEDICAL SUPPLY, INC.

Current Principal Place of Business:

4665 HAMMOCK CIRCLE
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

4665 HAMMOCK CIRCLE
DELRAY BEACH, FL 33445 US

New Mailing Address:

3129 WESTMINSTER DRIVE
BOCA RATON, FL 334433496 US

FEI Number: 11-3827385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RYBKO, BRAD
4665 HAMMOCK CIRCLE
DELRAY BEACH, FL 33445 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: B RYBKO

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:

Title: PD () Delete
Name: RYBKO, BRAD
Address: 4665 HAMMOCK CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRYBKO

DIR

02/18/2009

Electronic Signature of Signing Officer or Director

Date