

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000092202

**FILED**  
**Oct 21, 2010**  
**Secretary of State**

**Entity Name:** REC MEDICAL SUPPLY, CORP.

**Current Principal Place of Business:**

6307 NW 99 AVE  
MIAMI, FL 33178

**New Principal Place of Business:**

37 N ORANGE AVE  
SUITE 500  
ORLANDO, FL 32801

**Current Mailing Address:**

6307 NW 99 AVE  
MIAMI, FL 33178

**New Mailing Address:**

37 N ORANGE AVE  
500  
ORLANDO, FL 32801

**FEI Number:** 27-2185917

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VOLCAN, RAUL  
6307 NW 99 AVE  
MIAMI, FL 33178 US

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

VOLCAN, RAUL  
37 N ORANGE AVE  
500  
ORLANDO, FL 32801 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: RV

10/21/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: VOLCAN, RAUL  
Address: 37 N ORANGE AVE SUITE 500  
City-St-Zip: ORLANDO, FL 32801

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: RAUL VOLCAN

SR

10/21/2010

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

\_\_\_\_\_  
Date