

# 2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P11000073310

**FILED**  
**Oct 30, 2013**  
**Secretary of State**

**Entity Name:** CITRUS MEDICAL SUPPLIES INC.

**Current Principal Place of Business:**

654 FORT ISLAND TRAIL  
CRYSTAL RIVER, FL 34429

**New Principal Place of Business:**

7592 WEST GULF TO LAKE HWAY  
CRYSTAL RIVER, FL 34429

**Current Mailing Address:**

230 N.E. 25TH AVE.  
200  
OCALA, FL 34470

**New Mailing Address:**

7592 WEST GULF TO LAKE HWAY  
CRYSTAL RIVER, FL 34429

**FEI Number:** 39-2078539

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LANDT, ROBERT E  
230 N.E. 25TH AVE.  
200  
OCALA, FL 34470 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: LANDT ROBERT

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: LOUIS, MOHEB K  
Address: C/O 230 N.E. 25TH. AVE. #200  
City-St-Zip: Ocala, FL 34470

Title: VP,S  
Name: MOAWAD, TREZA M  
Address: C/O 230 N.E. 25TH. AVE. # 200  
City-St-Zip: Ocala, FL 34470

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: LOUIS MOHEB

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

PRES

10/30/2013

\_\_\_\_\_  
Date