

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P40252

**FILED**  
**Oct 19, 2010**  
**Secretary of State**

**Entity Name:** AMERICAN CATHETER CORP.

**Current Principal Place of Business:**

13047 S. HWY 475  
OCALA, FL 34480

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 608  
BELLEVIEW, FL 34421

**New Mailing Address:**

**FEI Number:** 06-1196994

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WETTERMANN, PETER  
12981 S HWY 475  
OCALA, FL 34480 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: PETER WETTERMANN

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DCP  
Name: WETTERMANN, PETER  
Address: 12981 S. HWY 475  
City-St-Zip: Ocala, FL 34480 US

Title: DS  
Name: WETTERMANN, PENNY  
Address: 12981 S. HWY 475  
City-St-Zip: Ocala, FL 34480 US

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: PETER WETTERMANN

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

PRES

10/19/2010

\_\_\_\_\_  
Date