

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P94000059383

FILED
Oct 27, 2009
Secretary of State

Entity Name: THERA-DIAGNOSTICS & MEDICAL SUPPLIES, INC.

Current Principal Place of Business:

17555 COLLINS AVE
APT. 2202
SUNNY ISLES BEACH, FL 33160 US

New Principal Place of Business:

233 N UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024 US

Current Mailing Address:

17555 COLLINS AVE
APT. 2202
SUNNY ISLES BEACH, FL 33160 US

New Mailing Address:

233 N UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024 US

FEI Number: 65-0512487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIRSCHENSON, HAROLD
17555 COLLINS AVE
APT. 2202
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

HIRSCHENSON, HAROLD
233 N UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024 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: HAROLD HIRSCHENSON

10/27/2009

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: DP () Delete
Name: HIRSCHENSON, HAROLD
Address: 17555 COLLINS AVE, #2202
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: DVST () Delete
Name: HIRSCHENSON, DAVID
Address: 16425 COLLINS AVE, WS3A
City-St-Zip: NORTH MIAMI BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HIRSCHENSON, HAROLD
Address: 233 N UNIVERSITY DRIVE
City-St-Zip: PEMBROKE PINES, FL 33024

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: DAVID HIRSCHENSON

DVST

10/27/2009

Electronic Signature of Signing Officer or Director

Date