

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P95000055191

**FILED**  
**Oct 07, 2010**  
**Secretary of State**

**Entity Name:** N & D MEDICAL EQUIPMENT OF FLORIDA, INC.

**Current Principal Place of Business:**

650 PALM AVENUE  
SUITE #1  
HIALEAH, FL 33010

**New Principal Place of Business:**

**Current Mailing Address:**

650 PALM AVENUE  
SUITE #1  
HIALEAH, FL 33010

**New Mailing Address:**

**FEI Number:** 65-0622213

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BORRERO, NIURKA  
235 EAST 17 STREET  
HIALEAH, FL 33010 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: NIURKA BORRERO

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: BORRERO, NIURKA  
Address: 235 EAST 17 ST  
City-St-Zip: HIALEAH, FL 33010 US

Title: VP  
Name: FERNANDEZ, NIURYS  
Address: 650 PALM AVENUE UNIT #1  
City-St-Zip: HIALEAH, FL 33010

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: NIURKA BORRERO

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

PST

10/07/2010

\_\_\_\_\_  
Date