2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 30, 2007
Secretary of State

DOCUMENT# P98000027883

Entity Name: PARKE MEDICAL SUPPLY INC.

Current Principal Place of Business:

1072 SOUTH POWERLINE ROAD
ATTN: CORP. DEPT.
DEERFIELD BEACH, FL 33442 US

New Principal Place of Business:

6500 W ROGERS CIRCLE
BOCA RATON, FL 33487 US

Current Mailing Address:

1072 SOUTH POWERLINE ROAD
ATTN: CORP. DEPT.
DEERFIELD BEACH, FL 33442 US

New Mailing Address:

6500 W ROGERS CIRCLE
BOCA RATON, FL 33487 US

FEI Number: 59-3502227 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

S AVERY, K
1072 SOUTH POWERLINE ROAD
ATTN: CORP. DEPT.
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

S AVERY, K
6500 W ROGERS CIRCLE
BOCA RATON, FL 33487 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: KSAVERY 01/30/2007
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: PD ( ) Delete
Name: S AVERY, K.
Address: 1072 SOUTH POWERLINE ROAD, CORP. DEPT.
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: S AVERY, K.
Address: 6500 W ROGERS CIRCLE
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the 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: KSAVERY PD 01/30/2007
Electronic Signature of Signing Officer or Director Date