

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# V32499

**FILED**  
**May 20, 2013**  
**Secretary of State**

**Entity Name:** COLLINS MEDICAL, INC.

**Current Principal Place of Business:**

999 NW 5TH AVE  
BOCA RATON, FL 33432 US

**New Principal Place of Business:**

1500 NW 10TH AVE  
101  
BOCA RATON, FL 33486 US

**Current Mailing Address:**

P.O. BOX 223  
BOCA RATON, FL 33429 US

**New Mailing Address:**

**FEI Number:** 59-3121800      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

COLLINS, LYNN E  
999 NW 5TH AVE  
BOCA RATON, FL 33432 US

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

ROGERS, ROMNEY C  
1401 E BROWARD BOULEVARD  
300  
FORT LAUDERDALE, FL 33301 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: ROMNEY C. ROGERS

05/20/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COLLINS, RON N  
Address: PO BOX 223  
City-St-Zip: BOCA RATON, FL 334290223

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: RON COLLINS

P

05/20/2013

Electronic Signature of Signing Officer or Director

Date