

**2015 FOREIGN PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F14000002781

**Entity Name:** ACE SURGICAL SUPPLY CO., INC.

**Current Principal Place of Business:**

1034 PEARL STREET  
BROCKTON, MA 02301

**Current Mailing Address:**

1034 PEARL STREET  
BROCKTON, MA 02301

**FEI Number: 04-2428967**

**Certificate of Status Desired: Yes**

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

SIDIBE, KERRIN MARIE  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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: KERRIN SIDIBE**

**10/19/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name CARCHIDI, J. EDWARD  
Address 1034 PEARL STREET  
City-State-Zip: BROCKTON MA 02301

Title PD  
Name CARCHIDI, CRAIG  
Address 1034 PEARL STREET  
City-State-Zip: BROCKTON MA 02301

Title D  
Name CARCHIDI, CHRISTOPHER  
Address 1034 PEARL STREET  
City-State-Zip: BROCKTON MA 02301

Title VS  
Name ETTINGER, MICHAEL S  
Address 1034 PEARL STREET  
City-State-Zip: BROCKTON MA 02301

Title EXVD  
Name MLOTEK, MARK E  
Address 1034 PEARL STREET  
City-State-Zip: BROCKTON MA 02301

Title D  
Name BERGMAN, STANLEY M  
Address 1034 PEARL STREET  
City-State-Zip: BROCKTON MA 02301

Title DIRECTOR OF FINANCE  
Name SIDIBE, KERRIN MARIE  
Address 1034 PEARL STREET  
City-State-Zip: BROCKTON MA 02301

*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: KERRIN SIDIBE**

**DIRECTOR OF FINANCE**

**10/19/2015**

Electronic Signature of Signing Officer/Director Detail

Date