

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000029726

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** MEDTEXX MEDICAL CORPORATION

**Current Principal Place of Business:**

2151 CONSULATE DR. SUITE 11  
ORLANDO, FL 32837

**New Principal Place of Business:**

301 S. TUBB ST.  
J2  
OAKLAND, FL 34760

**Current Mailing Address:**

2151 CONSULATE DR. SUITE 11  
ORLANDO, FL 32837

**New Mailing Address:**

P.O. BOX 845  
GOTHA, FL 34734

FEI Number: 05-0558719

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

WATSON, ZUNAIRA  
2151 CONSULATE DR. SUITE 11  
ORLANDO, FL 32837 US

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

WATSON, ZUNAIRA J  
301 S. TUBB ST.  
J2  
OAKLAND, FL 34760 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: ZUNAIRA J WATSON

01/12/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WATSON, ZUNAIRA J  
Address: P.O. BOX 845  
City-St-Zip: GOTHA, FL 34734

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: ZUNAIRA J WATSON

PD

01/12/2011

Electronic Signature of Signing Officer or Director

Date