2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 11, 2006
Secretary of State

DOCUMENT# P05000081204

Entity Name: MED-OX DIAGNOSTICS, INC.

Current Principal Place of Business:

10439 FLAT LAKE ROAD
CLERMONT, FL 34711

New Principal Place of Business:

7603 CURRENCY DRIVE
ORLANDO, FL 32809

Current Mailing Address:

10439 FLAT LAKE ROAD
CLERMONT, FL 34711

New Mailing Address:

7603 CURRENCY DRIVE
ORLANDO, FL 32809

FEI Number: 20-3149760 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEIJER, ROBERT
10439 FLAT LAKE ROAD
CLERMONT, FL 34711 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: ROBERT MEIJER

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: D ( ) Delete
Name: MEIJER, ROBERT
Address: 10439 FLAT LAKE ROAD
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete
Name: MOORE, GERALD
Address: 123 HUNTMARDR
City-St-Zip: SITTSVILLE ONTARIO K2S 1B9,

Title: D ( ) Delete
Name: ROBERTS, JEFF
Address: 6516 MARINE DRIVE
City-St-Zip: MANOTICK, ONTARIO K4B 1B3,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ROBERT MEIJER D 10/11/2006

Electronic Signature of Signing Officer or Director — Date