

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000065992

FILED  
Aug 15, 2009  
Secretary of State

Entity Name: MEDFIRST BUSINESS SERVICES, INC.

**Current Principal Place of Business:**

23241 ABERCORN LN  
LAND O' LAKES, FL 34639

**New Principal Place of Business:**

**Current Mailing Address:**

23241 ABERCORN LN  
LAND O' LAKES, FL 34639

**New Mailing Address:**

FEI Number: 20-4852843      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

REMER & GEORGES-PIERRE, P.A.  
100 N. BISCAYNE BLVD.  
SUITE 1003  
MIAMI, FL 33132 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: JOAN HENRY

\_\_\_\_\_  
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: P ( ) Delete  
Name: HENRY, JOAN  
Address: 23241 ABERCORN LN  
City-St-Zip: LAND O' LAKES, FL 34639

Title: S ( ) Delete  
Name: HENRY, ANTHONY  
Address: 23241 ABERCORN LN  
City-St-Zip: LAND O' LAKES, FL 34639

Title: T ( ) Delete  
Name: HENRY, ANTHONY  
Address: 23241 ABERCORN LN  
City-St-Zip: LAND O' LAKES, FL 34639

**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 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: JOAN HENRY

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

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08/15/2009

\_\_\_\_\_  
Date