

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000170032

Entity Name: JYTON MEDICAL AMERICA, INC.

FILED
Nov 03, 2005
Secretary of State

Current Principal Place of Business:

1920 E. HALLANDALE BEACH BLVD., STE 600
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

1920 E. HALLANDALE BEACH BLVD., STE 600
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 20-2568246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRONICK, LAWRENCE
1151 WATERSIDE LANE
HOLLYWOOD, FL 33019 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: LAWRENCE KRONICK

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: KRONICK, LAWRENCE
Address: 1151 WATERSIDE LANE
City-St-Zip: HOLLYWOOD, FL 33019

Title: D () Delete
Name: RICAURTE, HERNAN
Address: 1561 BREAKWATER TRAIL
City-St-Zip: HOLLYWOOD, FL 33019

Title: D () Delete
Name: FU, EMERY
Address: 12108 82 LONG RANGE WORLD BUILDING
City-St-Zip: BENJING 10080 CHINA,

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 Section 119.07(3)(i), 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: LAWRENCE KRONICK

D

11/03/2005

Electronic Signature of Signing Officer or Director

Date