

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000007351

FILED
Sep 19, 2007
Secretary of State

Entity Name: DEPLOYED MEDICAL SOLUTIONS, INC.

Current Principal Place of Business:

TWO NORTHPOINT DR.
950
HOUSTON, TX 77060

New Principal Place of Business:

Current Mailing Address:

TWO NORTHPOINT DR.
950
HOUSTON, TX 77060

New Mailing Address:

FEI Number: 05-0608328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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: CHARLES S. COHEN

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: CP () Delete
Name: COHEN, CHARLES S
Address: TWO NORTHPOINT DR. SUITE 950
City-St-Zip: HOUSTON, TX 77060

Title: VCT () Delete
Name: HORN, ROBERT J
Address: TWO NORTHPOINT DR. SUITE 950
City-St-Zip: HOUSTON, TX 77060

Title: DS (X) Delete
Name: NATHAN, MARC H
Address: 4550 POST OAK PLACE, SUITE 175
City-St-Zip: HOUSTON, TX 77027

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: CHARLES S. COHEN

CP

09/19/2007

Electronic Signature of Signing Officer or Director

Date