

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 497200

Entity Name: MICROMED, INC.

FILED  
Oct 12, 2005  
Secretary of State

## Current Principal Place of Business:

5625 DIXIE DRIVE  
7  
PENSACOLA, FL 32503 US

## Current Mailing Address:

5625 DIXIE DRIVE  
7  
PENSACOLA, FL 32503 US

## New Principal Place of Business:

3298 SUMMIT BLVD  
33  
PENSACOLA, FL 32503 US

## New Mailing Address:

PO BOX 30359  
PENSACOLA, FL 32503 US

FEI Number: 59-1650562      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MALONE, PAUL  
3070 HIGHWAY 297 A  
CANTONMENT, FL 32533 US

## Name and Address of New Registered Agent:

MALONE, PAUL  
3670 WIMBLEDON DR  
PENSACOLA, FL 32504 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: PAUL A MALONE III

10/12/2005

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: MALONE, PAUL  
Address: 3070 HIGHWAY 297A  
City-St-Zip: CANTONMENT, FL 32533

Title: VP (X) Delete  
Name: MALONE, PAUL  
Address: 3070 HIGHWAY 297A  
City-St-Zip: CANTONMENT, FL 32533

Title: S (X) Delete  
Name: MALONE, PAUL  
Address: 3070 HIGHWAY 297A  
City-St-Zip: CANTONMENT, FL 32533

Title: T (X) Delete  
Name: MALONE, PAUL  
Address: 3070 HIGHWAY 297A  
City-St-Zip: CANTONMENT, FL 32533

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MALONE, PAUL A III  
Address: 3670 WIMBLEDON DR  
City-St-Zip: PENSACOLA, FL 32504

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: PAUL A MALONE III

P

10/12/2005

Electronic Signature of Signing Officer or Director

Date