## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F02000002021

Entity Name: MD TECHNOLOGIES, INC.

FILED Nov 02, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
3511 SILVERSIDE RD., STE 105 WILMINGTON, DE 19810				2810 W. ST. ISABEL AVE 201 TAMPA, FL 33607		
Current Mailing Address:				New Mailing Address:		
620 FLORIDA ST., STE 200 BATON ROUGE, LA 70801			2810 W. ST. ISABEL AVE 201 TAMPA, FL 33607			
FEI Number:	72-1491921	FEI Number Applied For ( )	FEI Nun	nber Not Appl	icable ( )	Certificate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:		Name and	Address of I	New Registered Agent:
MARCOS, RICK 10031 S.W. 162ND CT. MIAMI, FL 33196 US				MCMAHON, MICHAEL 2810 W. ST. ISABEL AVE TAMPA, FL 33607 US		
	named entity s of Florida.	submits this statement for the pur	rpose o	of changing it	ts registered o	office or registered agent, or both,
SIGNATURE: MICHAEL S. MCMAHON				11/02/2009		
	Electron	ic Signature of Registered Agen	t			Date
Election Can	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip: Title:	ELLISON, WILL 620 FLORIDA S BATON ROUGE	ST., STE. 200		Title: Name: Address: City-St-Zip: Title:		) Change ( ) Addition
Name: Address: City-St-Zip:	FAZIO, FRANK 620 FLORIDA S BATON ROUGE			Name: Address: City-St-Zip:	MANISCALCO, 2810 W ST ISA TAMPA, FL 33	ABEL ST
Title: Name: Address: City-St-Zip:	O/D () DAVIS, WILLIAN 620 FLORIDA S BATON ROUGE	ST., STE 200		Title: Name: Address: City-St-Zip:	O (X MCMAHON, MI 2810 W ST ISA TAMPA, FL 33	ABEL ST
Title: Name: Address: City-St-Zip:	D () MORALES, WA 620 FLORIDA S BATON ROUGE	ST., STE 200		Title: Name: Address: City-St-Zip:	GOCKERMAN,	HORE DR SUITE 520
Title: Name: Address: City-St-Zip:	D () FRAZER, THOM 620 FLORIDA S BATON ROUGE	ST, STE 200		Title: Name: Address: City-St-Zip:	(	) Change ()Addition
Title: Name: Address: City-St-Zip:	D () CANSECO, JOS 620 FLORIDA S BATON ROUGE	ST, STE 200		Title: Name: Address: City-St-Zip:	(	) Change ()Addition

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: MICHAEL S. MCMAHON CFO 11/02/2009