2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2006
Secretary of State

DOCUMENT# F02000002345

Entity Name: SUNTECH MEDICAL, INC

Current Principal Place of Business:

507 AIRPORT BLVD.
#117
MORRISVILLE, NC 27560

New Principal Place of Business:

Current Mailing Address:

507 AIRPORT BLVD.
#117
MORRISVILLE, NC 27560

New Mailing Address:

FEI Number: 56-1530022 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILDMON, DON
252 RUBY LAKE LN.
WINTERHAVEN, FL 33884 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: DON WILDMON

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: CEO ( ) Delete
Name: MCBEE, DAYN C
Address: 507 AIRPORT BLVD.
City-St-Zip: MORRISVILLE, NC 27560

Title: S/T ( ) Delete
Name: BOLTON, GEOFFREY A
Address: 507 AIRPORT BLVD.
City-St-Zip: MORRISVILLE, NC 27560

Title: VPE ( ) Delete
Name: GALLICK, DAVID
Address: 507 AIRPORT BLVD.
City-St-Zip: MORRISVILLE, NC 27560

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: VPS ( ) Change (X) Addition
Name: WILDMON, DON E
Address: 252 RUBY LAKE LN.
City-St-Zip: WINTERHAVEN, FL 33884

I hereby certify that the information supplied with this filing does not qualify for the 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: GEOFFREY A BOLTON S/T 10/06/2006

Electronic Signature of Signing Officer or Director — Date