

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F02000003684

FILED
Oct 29, 2004
Secretary of State

Entity Name: LOVELACE SCIENTIFIC RESOURCES, INC.

Current Principal Place of Business:

7400 NORTH KENDALL DR., STE. 404
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

7400 NORTH KENDALL DR., STE. 404
MIAMI, FL 33156

New Mailing Address:

FEI Number: 85-0357767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
941 FOURTH ST.
MIAMI BEACH, FL 33139 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:

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: C () Delete
Name: RUBIN, ROBERT
Address: 2425 RIDGECREST DR. SE
City-St-Zip: ALBUQUERQUE, NM 87108

Title: D () Delete
Name: ECONOMON, PETER MD
Address: 5400 GIBSON BLVD. SE
City-St-Zip: ALBUQUERQUE, NM 80718

Title: D () Delete
Name: TWIEST, MELVIN MD
Address: 975 EAST 3RD ST.
City-St-Zip: CHATTANOOGA, TN 37403

Title: P () Delete
Name: MARX, PAT
Address: 2425 RIDGECREST DR SE
City-St-Zip: ALBUQUERQUE, NM 87108

Title: S () Delete
Name: COALSON, JUDY
Address: 2425 RIDGECREST DR SE
City-St-Zip: ALBUQUERQUE, NM 87108

Title: T () Delete
Name: WILLIAMS, CONNIE
Address: 2425 RIDGECREST DR SE
City-St-Zip: ALBUQUERQUE, NM 87108

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: () 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: CONNIE WILLIAMS

T

10/29/2004

Electronic Signature of Signing Officer or Director

Date