

2006 FOR PROFIT CORPORATION REINSTATEMENT

10/2

DOCUMENT # F02000006347

1. Entity Name
MEDICAL EDGE HEALTHCARE GROUP, INC.



Principal Place of Business
9229 LBJ FREEWAY, SUITE 250
DALLAS, TX 75243

Mailing Address
9229 LBJ FREEWAY, SUITE 250
DALLAS, TX 75243

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. FEI Number
75-2682287

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

Barbara A. Burke

Special Assistant Secretary

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
HELLSTERN, RONALD A M.D.
9229 LBJ FREEWAY, SUITE 250
DALLAS, TX 75243

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5000081254185
10/26/06- 01036 -024 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HEIGHTEN, CLAY
9229 LBJ FREEWAY, SUITE 250
DALLAS, TX 75243

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
SINGLEY, DAVID
9229 LBJ FREEWAY, SUITE 250
DALLAS, TX 75243

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
AUSTIN, MIKE
9229 LBJ FREEWAY, SUITE 250
DALLAS, TX 75243

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with any address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFO

10/18/06

Date

Daytime Phone #

RECEIVED OCT 26 2006

MedicalEdge
HEALTHCARE GROUP, INC

October 23, 2006

Divisions of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

We humbly request the waiver of the \$600 Reinstatement Penalty. We did not receive the post card in the mail, informing us to file.

Thank you for your time and consideration. Feel free to call me if you have any if you have any questions. My direct line is 214.570.2345.

Sincerely,



David M. Rendon
Medical Edge Health Care Group, Inc.