

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000004983

FILED  
Oct 25, 2004  
Secretary of State

Entity Name: GREYSTONE MEDICAL GROUP INC.

**Current Principal Place of Business:**

3251 POPLAR AVENUE, SUITE 150  
MEMPHIS, TN 38111

**New Principal Place of Business:**

**Current Mailing Address:**

3251 POPLAR AVENUE, SUITE 150  
MEMPHIS, TN 38111

**New Mailing Address:**

FEI Number: 62-1660625      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DOYLE, MARTIN E ESQ.  
1401 BRICKELL AVE., SUITE 700  
MIAMI, FL 33131 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: DCEO ( ) Delete  
Name: PLIANT, GREGORY  
Address: 3251 POPLAR AVENUE, SUITE 150  
City-St-Zip: MEMPHIS, TN 38111

Title: V ( ) Delete  
Name: WINNETT, R. DAN ESQ.  
Address: 3251 POPLAR AVENUE, SUITE 150  
City-St-Zip: MEMPHIS, TN 38111

Title: D ( ) Delete  
Name: HOEKSTRA, HANS DR.  
Address: 3251 POPLAR AVENUE, SUITE 150  
City-St-Zip: MEMPHIS, TN 38111

Title: V ( ) Delete  
Name: MONROE, STEVE DR.  
Address: 3251 POPLAR AVENUE, SUITE 150  
City-St-Zip: MEMPHIS, TN 38111

Title: V ( ) Delete  
Name: MCNAIR, MARSHA  
Address: 3251 POPLAR AVENUE, SUITE 150  
City-St-Zip: MEMPHIS, TN 38111

Title: DCFO ( ) Delete  
Name: CARTER, ROBERT  
Address: 3251 POPLAR AVENUE, SUITE 150  
City-St-Zip: MEMPHIS, TN 38111

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DCEO (X) Change ( ) Addition  
Name: PILANT, GREGORY  
Address: 3251 POPLAR AVENUE, SUITE 150  
City-St-Zip: MEMPHIS, TN 38111

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: MARSHA MCNAIR

V

10/25/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date