

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F04000006384

Entity Name: MEDNET I.M.S., INC.

FILED
Jun 29, 2006
Secretary of State

Current Principal Place of Business:

2470 SATELLITE BOULEVARD
DULUTH, GA 30096

New Principal Place of Business:

11465 JOHNS CREEK PARKWAY
140
DULUTH, GA 30097

Current Mailing Address:

P.O. BOX 957929
DULUTH, GA 30095

New Mailing Address:

FEI Number: 58-2190727 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KENOVICH, JANE
106 COMMERCE STREET, SUITE 102
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

BATY, RALPH D JR
1012 HEARTLAND CIRCLE
MULBERRY, FL 33860 US

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: RALPH D. BATY, JR

06/29/2006

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: CP () Delete
Name: MCCOY, BRIAN M
Address: 345 BARDOLIER
City-St-Zip: ALPHARETTA, GA 30022

Title: VD () Delete
Name: HATMAKER, DAVID
Address: 1776 SIMONTON BRIDGE ROAD
City-St-Zip: WATKINSVILLE, GA 30677

Title: DS () Delete
Name: COLLINS, BOBBY
Address: 370 CROWN VETCH LANE
City-St-Zip: ALPHARETTA, GA 30005

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:

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: BOBBY COLLINS

DS

06/29/2006

Electronic Signature of Signing Officer or Director

Date