2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 11, 2006
Secretary of State

DOCUMENT# L06046

Entity Name: PROXYMED, INC.

Current Principal Place of Business:

1854 SHACKLEFORD COURT
SUITE 200
NORCROSS, GA 33093 US

New Principal Place of Business:

Current Mailing Address:

2555 DAVIE RD.
SUITE 110
FT. LAUDERDALE, FL 33317 US

New Mailing Address:

FEI Number: 65-0202059 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: SYLVIA M. WHITE, AUTHORIZED REPRESENTATIVE
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: CEOC ( ) Delete
Name: LETTKO, JOHN G
Address: 1854 SHACKLEFORD COURT,#200
City-St-Zip: NORCROSS, GA 30093 US

Title: CFOT ( ) Delete
Name: O'DOWD, DOUGLAS
Address: 1854 SHACKLEFORD COURT,#200
City-St-Zip: NORCROSS, GA 30093 US

Title: S ( ) Delete
Name: OLES, DAVID E
Address: 1854 SHACKLEFORD COURT,#200
City-St-Zip: NORCROSS, GA 30093 US

Title: D ( ) Delete
Name: COOPERMAN, EDWIN M
Address: C/O 1854 SHACKLEFORD COURT,#200
City-St-Zip: NORCROSS, GA 30093 US

Title: D ( ) Delete
Name: MCNAMARA, KEVIN
Address: C/O 1854 SHACKLEFORD COURT,#200
City-St-Zip: NORCROSS, GA 30093 US

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:

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: BY: M.A. AREIZA AS ATTORNEY-IN-FACT CEO 10/11/2006
Electronic Signature of Signing Officer or Director Date