

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000024001

FILED
Mar 01, 2006
Secretary of State

Entity Name: MEDICAL SUPPORT MANAGEMENT, INC.

Current Principal Place of Business:

2625 EXECUTIVE PRK DR
SUITE 3B
WESTON, FL 33331

New Principal Place of Business:

6738 WEST SUNRISE BLVD
106
PLANTATION, FL 33313

Current Mailing Address:

P.O. BOX 266654
WESTON, FL 33326

New Mailing Address:

FEI Number: 65-0990592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZOLDAN, MICHAEL
2645 EXECUTIVE PRK DR
SUITE 117
WESTON, FL 33331 US

Name and Address of New Registered Agent:

ZOLDAN, MICHAEL
6738 WEST SUNRISE BLVD
106
PLANTATION, FL 33313 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: MICHAEL ZOLDAN

03/01/2006

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: P () Delete
Name: ZOLDAN, MICHAEL
Address: 2625 EXECUTIVE PRK DR
City-St-Zip: WESTON, FL 33331

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ZOLDAN, MICHAEL
Address: 6738 WEST SUNRISE BLVD
City-St-Zip: PLANTATION, FL 33313

Title: V () Change (X) Addition
Name: LANDRON, ISMAEL
Address: 6738 WEST SUNRISE BLVD
City-St-Zip: PLANTATION, FL 33313

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: MICHAEL ZOLDAN

P

03/01/2006

Electronic Signature of Signing Officer or Director

Date