

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000061986

FILED
Oct 21, 2005
Secretary of State

Entity Name: RAPID MEDICAL DIAGNOSTICS CORPORATION

Current Principal Place of Business:

1666 KENNEDY CAUSEWAY, SUITE 410
NORTH BAY VILLAGE, FL 33141

New Principal Place of Business:

1666 KENNEDY CAUSEWAY
401
NORTH BAY VILLAGE, FL 33141

Current Mailing Address:

1666 KENNEDY CAUSEWAY, SUITE 410
NORTH BAY VILLAGE, FL 33141

New Mailing Address:

1666 KENNEDY CAUSEWAY
401
NORTH BAY VILLAGE, FL 33141

FEI Number: 65-1141006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGUDELO, LUIS
1666 KENNEDY CAUSEWAY, SUITE 410
NORTH BAY VILLAGE, FL 33141 US

Name and Address of New Registered Agent:

AGUDELO, LUIS
1666 KENNEDY CAUSEWAY
401
NORTH BAY VILLAGE, FL 33141 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: LUIS AGUDELO

10/21/2005

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: DF () Delete
Name: AGUDELO, LUIS A DF
Address: 650 WEST AVENUE, SUITE 2507
City-St-Zip: MIAMI BEACH, FL 33139

Title: PD () Delete
Name: SALVO, LAWRENCE A
Address: 650 WEST AVENUE, SUITE 2507
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DF (X) Change () Addition
Name: AGUDELO, LUIS A DF
Address: 18683 COLLINS AVENUE, SUITE 2010
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: PD (X) Change () Addition
Name: SALVO, LAWRENCE A
Address: 5333 COLLINS AVENUE, SUITE PH1
City-St-Zip: MIAMI BEACH, FL 33140

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: LUIS AGUDELO

DF

10/21/2005

Electronic Signature of Signing Officer or Director

Date