## 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000038592

Entity Name: NEW MILLENIUM MEDICAL, INC.

FILED Nov 28, 2006 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|                                      |                                  |

222 LAKEVIEW AVENUE 914 CURLEW ROAD PMB 435 PMB 160

WEST PALM BEACH, FL 33401 DUNEDIN, FL 34698

Current Mailing Address: New Mailing Address:

222 LAKEVIEW AVENUE 914 CURLEW ROAD PMB 435 PMB 160 WEST PALM BEACH, FL 33401 DUNEDIN, FL 34698

FEI Number: 65-1098393 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MINTMIRE, DONALD F

265 SUNRISE AVENUE
SUITE 204
PALM BEACH, FL 33480 US

WILLIAMS, DAVID N ESQ.
773 4TH AVENUE NORTH
SUITE E
NAPLES, FL 34102 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: DAVID N. WILLIAMS 11/28/2006

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete Title: (X) Change ( ) Addition GUTIERREZ, CHRISTIAN GUTIERREZ, CHRISTIAN Name: Name: 222 LAKEVIEW AVENUE PMB 435 Address: 914 CURLEW ROAD, PMB 160 Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: DUNEDIN, FL 34698

Title: ( ) Delete Title: PD ( ) Change (X) Addition

Name: Name: DEJEAN, MARC

Address: Address: 914 CURLEW ROAD, PMB 160
City-St-Zip: City-St-Zip: DUNEDIN, FL 34698

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: MARC DEJEAN PD 11/28/2006