2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 04, 2005
Secretary of State

DOCUMENT# P01000040930

Entity Name: BETTER MEDICAL CARE, INC.

Current Principal Place of Business:

8415 AUBURN CIRCLE
ORLANDO, FL 32817

New Principal Place of Business:

852-31 SAXON BLVD
ORANGE CITY, FL 32763

Current Mailing Address:

852-31 SAXON BLVD
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 59-3712155 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YOUSSEF, SHENOUDA
8415 AUBURN CIRCLE
ORLANDO, FL 32817 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: SHENOUDA YOUSSEF

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: YOUSSEF, SHENOUDA
Address: 8415 AUBURN CIRCLE
City-St-Zip: ORLANDO, FL 32817

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MD ( ) Change (X) Addition
Name: SAMAAN, MAGED
Address: 852-31 SAXON BLVD
City-St-Zip: ORANGE CITY, FL 32763

Title: T ( ) Change (X) Addition
Name: TAWADROUS, MALAK M
Address: 852-31 SAXON BLVD
City-St-Zip: ORANGE CITY, FL 32763

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: SHENOUDA YOUSSEF P 11/04/2005

Electronic Signature of Signing Officer or Director — Date