2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000107164

Entity Name: MEDICAL DIGITAL NETWORKS, INC.

FILED Mar 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4350 SHERIDAN STREET - SUITE 202 600 NORTH PINE ISLAND ROAD HOLLYWOOD, FL 33021

SUITE 450

PLANTATION, FL 33324

Current Mailing Address: New Mailing Address:

600 NORTH PINE ISLAND ROAD 4350 SHERIDAN STREET - SUITE 202 HOLLYWOOD, FL 33021

SUITE 450

PLANTATION, FL 33324

FEI Number: 28-2288138 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WHITE, JOHN II PACIFIC TRUST HOLDINGS, INC

8551 W SUNRISE BLVD 1645 PÁLM BEACH LAKES BLVD SUITE 1200

WEST PALM BEACH, FL 33401 SUITE 200 PLANTATION, FL 33322 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: KEVIN MARSHALL 03/30/2008

> 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 (). ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

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

POLLACK, GEORGE Name: Name: MARSHALL, KEVIN 4350 SHERIDAN STREET - SUITE 202 Address: 600 NORTH PINE ISLAND ROAD-SUITE 450 Address:

City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: PLANTATION, FL 33324 US

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

GALITZ, JEFFREY Name: Name: 4350 SHERIDAN STREET - SUITE 202 Address: Address: HOLLYWOOD, FL 33021 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

Ρ SIGNATURE: KEVIN MARSHALL 03/30/2008