2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000111731

Entity Name: FINE MEDICAL SERVICES, INC.

FILED Dec 14, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7220 NW 36 STREET 3066 SW 129TH AVE MIAMI, FL 33175 #622 MIAMI, FL 33166 **Current Mailing Address: New Mailing Address:** PO BOX 667761 MIAMI, FL 33166 FEI Number: 65-1157599 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: MORALES, BORIS L PO BOX 667761 MIAMI, FL 33166 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: BORIS L MORALES 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: **PVST** () Delete () Change () Addition MORALES, BORIS L Name: Name: PO BOX 667761 Address: Address: City-St-Zip: MIAMI, FL 33166 City-St-Zip: Title: Title: () Change () Addition () Delete Name: MORALES, BORIS L Name: PO BOX 667761 Address: Address: MIAMI, FL 33166 City-St-Zip: City-St-Zip:

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: BORIS L MORALES **PVST** 12/14/2005