2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 18, 2004
Secretary of State

DOCUMENT# P02000028554

Entity Name: M.D. SCRIBE INC.

Current Principal Place of Business:

7000 ISLAND BOULEVARD
SUITE 701
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

7000 ISLAND BOULEVARD
SUITE 701
AVENTURA, FL 33160

New Mailing Address:

FEI Number: 04-3625100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOLOWITZ, ROBYN
7000 ISLAND BOULEVARD
SUITE 701
AVENTURA, FL 33160 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: _____

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: PSTD ( ) Delete
Name: WOLOWITZ, BRUCE
Address: 7000 ISLAND BOULEVARD SUITE 701
City-St-Zip: AVENTURA, FL 33160

Title: VD ( ) Delete
Name: WOLOWITZ, ROBYN
Address: 7000 ISLAND BOULEVARD
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ( ) Change ( ) Addition
Name:
Address:
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: ROBYN WOLOWITZ VD 10/18/2004

Electronic Signature of Signing Officer or Director — Date