2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# P03000030048

Entity Name: GATOR MED, INC.

Current Principal Place of Business:

1438 ROBBIA AVE
CORAL GABLES, FL 33446

New Principal Place of Business:

25 FALSTAFF COVE
ARLINGTON, TN 38002

Current Mailing Address:

1438 ROBBIA AVE
CORAL GABLES, FL 33446

New Mailing Address:

25 FALSTAFF COVE
ARLINGTON, TN 38002

FEI Number: 54-2101775 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIEGLER, JAMES
9002 SOUTHWEST 152ND STREET
MIAMI, FL 33157 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: ALBERT DACOSTA
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: PD ( ) Delete
Name: DACOSTA, ALBERT
Address: 1438 ROBBIA AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: S ( ) Delete
Name: DA COSTA, JENNIFER
Address: 1438 ROBBIA AVE
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DACOSTA, ALBERT
Address: 25 FALSTAFF COVE
City-St-Zip: ARLINGTON, TN 38002

Title: S (X) Change ( ) Addition
Name: DA COSTA, JENNIFER
Address: 25 FALSTAFF COVE
City-St-Zip: ARLINGTON, TN 38002

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.

SIGNATURE: ALBERT DACOSTA PD 02/16/2009
Electronic Signature of Signing Officer or Director Date