

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000095382

Entity Name: ORV MEDICAL SERVICES, INC.

FILED
Nov 01, 2006
Secretary of State

Current Principal Place of Business:

15065 SW 143RD TERR
MIAMI, FL 33196

New Principal Place of Business:

Current Mailing Address:

15065 SW 143RD TERR
MIAMI, FL 33196

New Mailing Address:

FEI Number: 20-0189481

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VILLEGAS, OSCAR C
13791 SW 66 STREET
E-170
MIAMI, FL 33183 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: OSCAR C. VILLEGAS

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: VILLEGAS, OSCAR C
Address: 15065 SW 143RD TERR
City-St-Zip: MIAMI, FL 33196 US

Title: VP () Delete
Name: SILVEIRA, ROMY
Address: 15065 SW 143RD TERR
City-St-Zip: MIAMI, FL 33196 US

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 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: OSCAR C VILLEGAS

P

11/01/2006

Electronic Signature of Signing Officer or Director

Date