2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000095382

Entity Name: ORV MEDICAL SERVICES, INC.

FILED Oct 19, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

15065 SW 143RD TERR 2200 SW 16 STREET MIAMI, FL 33196 STE: 122

MIAMI, FL 33145

Current Mailing Address: New Mailing Address:

15065 SW 143RD TERR 2200 SW 16 STREET

STE: 122 MIAMI, FL 33196

MIAMI, FL 33145

FEI Number: 20-0189481 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:

VILLEGAS, OSCAR C SANPEDRO, MARIA JULIA 13791 SW 66 STREET 2200 SW 16 STREET E-170 STE: 122 MIAMI, FL 33145 US MIAMI, FL 33183 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: MARIA JULIA SANPEDRO 10/19/2007

> 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: () Delete Title: (X) Change () Addition VILLEGAS, OSCAR C SANPEDRO, MARIA JULIA Name: Name: 15065 SW 143RD TERR Address: 2200 SW 16 STREET STE: 122 Address: MIAMI, FL 33145 US City-St-Zip: MIAMI, FL 33196 US City-St-Zip:

Title: VΡ Title: VΡ () Delete (X) Change () Addition Name: SILVEIRA, ROMY Name: PITA, ALDRIN

15065 SW 143RD TERR Address: 2200 SW 16 STREET STE: 122 Address: MIAMI, FL 33196 US MIAMI, FL 33145 US 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: MARIA JULIA SANPEDRO 10/19/2007