


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 21, 2006 8:00 A.M.
Secretary of State

DOCUMENT # P03000118123 1. Entity Name EMEDSOFT.COM, INC.					
Principal Place of Business 5044 BLUE HERON DRIVE NEW PORT RICHEY, FL 34652 US			Mailing Address 5044 BLUE HERON DRIVE NEW PORT RICHEY, FL 34652 US		
2. Principal Place of Business 2204 US HWY 19N		3. Mailing Address 2204 US HWY 19N			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HOLIDAY, FL		City & State HOLIDAY, FL		4. FEI Number 20-0677644	
Zip 34691 Country USA		Zip 34691 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GERMINI, MICHAEL 921 E KLOSTERMAN RD TARPON SPRINGS, FL 34689				7. Name and Address of New Registered Agent Name GENE YOST Street Address (P.O. Box Number is Not Acceptable) 1831 CYPRESS TRACE DRIVE City SAFETY HARBOR FL Zip Code 34695	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Gene Yost</i></u> GENE YOST, PRESIDENT GULF COAST BUSINESS SVCS 4-20-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ERICKSON, STEVE 5044 BLUE HERON DRIVE NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9317 SUNSHINE BLVD NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CIOUTUSZYNSKI, JIM 1647 HARBOR OAKS DR TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9317 SUNSHINE BLVD NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ERICKSON, LORI 5044 BLUE HERON DRIVE NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9317 SUNSHINE BLVD NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 2em; text-align: center;">4/20/06</div>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 900073720499 05/02/06--01044--019 **300.00 </div>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Michael Erickson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="text-align: right;"> 4-20-06 <small>Date Daytime Phone #</small> </div>		