

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000118123

Entity Name: EMEDSOFT.COM, INC.

FILED
Dec 19, 2008
Secretary of State

Current Principal Place of Business:

215 21ST STREET SW
ALTOONA, IA 50009 US

New Principal Place of Business:

4601 FLORAMAR TER
NEW PORT RICHEY, FL 34652 US

Current Mailing Address:

215 21ST SREET SW
ALTOONA, IA 50009 US

New Mailing Address:

P.O. BOX 2763
TARPON SPRINGS, FL 34688 US

FEI Number: 20-0677644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIOTUSZYNSKI, JIM
1647 HARBOR OAKS DRIVE
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

ERICKSON, STEVE
4601 FLORAMAR TERRACE
NEW PORT RICHEY, FL 34652 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: STEVE ERICKSON

12/19/2008

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: ERICKSON, STEVE
Address: 215 21ST STREET SW
City-St-Zip: ALTOONA, IA 50009

Title: VD () Delete
Name: CIOUTUSZYNSKI, JIM
Address: 1647 HARBOR OAKS DR
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VP () Delete
Name: ERICKSON, LORI
Address: 215 21ST STREET SW
City-St-Zip: ALTOONA, IA 50009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: STEVE ERICKSON

PD

12/19/2008

Electronic Signature of Signing Officer or Director

Date