2005 FOR PROFIT CORPORATION REINSTATEMENT

PROCESS TRACE OF THE WALK LINE SARASOTA FL \$4233 2. Principal Flace of Blueness Suite, Act. 4, etc. Coy & State Coy & S	DOCUMENT # P03000140402 1. Entity Name ADAPTIVE MEDICAL CONCEPTS, INC.								05	FILED OCT 17 PM			
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. 10132005 REIN-P CR2E098 (6/04)	5647 COUNTRY WALK LANE			5	5647 COUNTRY WALK LANE							···	
City & Statio	2. Principal Place of Business				3. Mailing Address								
20-0336213 Next Applicable Section Sec	Suite. Apt. #, etc.			+	Suite, Apt. #, etc.				10132005	REIN-P	CR2E	098 (6/04)	
BRAUN, MICHAEL J 5647 COUNTRY WALK LANE SIGNATURE BRAUN, MICHAEL J 5647 COUNTRY WALK LANE SARASOTA, FL 34233 B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Rorda. I am Israelise with, and accept the obligations of registered agent. SIGNATURE FILE NOW::: #ELIS \$190.00 After January 1, 2008, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the composition of the composition of the composition of the composition of the following the composition of the composition	City & State				·						No	t Applicable	
BRAUN, MICHAEL J 5647 COUNTRY WALK LANE STREET ADDRESS OTH'S 1-72P TITLE NAME SPRET ADDRESS OTH'S 1-72P TITLE THE TRANSPORT OT	Zip					atry		Fee Required					
Sireat Address (P.O. Box Number is Not Acceptable) Sireat Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registored office or registered agent, or both, in the State of Florids. I am familier with, and accept the obligations of registered agent. SIGNATURE: FILE NOWILL FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 In accordance with s, 607.193(2)(b), F.S., the corporation did not receive the prior notice. In accordance with s, 607.193(2)(b), F.S., the corporation did not receive the prior notice. 10.				Regis	itered Agent		Name		7. Name and	Address of New H	egistered A	gent	
E. 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	5647 COUNTRY WALK LANE						Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entily submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the debt obligations of ready-grand agent.							City				FL	Zip Code	9
SIGNATURE Signature Signa				or the p	purpose of changing its	register	ed office or re	egistere	ed agent, or bo	th, in the State of Flo		 amiliar with,	and accept
After January 1, 2006, Fee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE BRAUN, MICHAEL J 5647 COUNTRY WALK LANE STREET ADDRESS CITY-ST-2P VS BRAUN, JENNIFER J 5647 COUNTRY WALK LANE STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE MAKE STREET ADDRESS	SIGNATURE Michael S. Brawn 10/13/2005												
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NAME STREET ADDRESS CITY-ST-ZIP ITTLE ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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.	NAME STREET ADDRESS				☐ Delete	NAM STRE	EET ADDRESS			· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition
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