## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000020362

Entity Name: MED-EX THERAPY, INC.

FILED Jul 16, 2007 Secretary of State

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

3401 DEER CREEK COUNTRY CLUB ROAD
DR. MICHAEL R. BASTKOWSKI
3401 DEERCREEK COUNTRY CLUB BLVD
DEERFIELD BEACH, FL 33442

DEERFIELD BEACH, FL 33442

Current Mailing Address: New Mailing Address:

3401 DEER CREEK COUNTRY CLUB ROAD
DR. MICHAEL R. BASTKOWSKI
DEERFIELD BEACH, FL 33442
DEERFIELD BEACH, FL 33442

FEI Number: 04-3788298 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:

BASTKOWSKI, MICHAEL R 2489 LOB LOLLY LANE DEERFIELD BEACH, FL 33442 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: DR. MICHAEL R. BASTKOWSKI

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, S ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BASTKOWSKI, MICHAEL R
 Name:

 Address:
 2489 LOB LOLLY LANE
 Address:

 City-St-Zip:
 DEERFIELD BEACH, FL 33442
 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: MICHAEL R. BASTKOWSKI DR. 07/16/2007