

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000077514

Entity Name: QUEST TELEHEALTH INC.

FILED
Feb 07, 2006
Secretary of State

Current Principal Place of Business:

1813 SW 86TH TERR
GAINESVILLE, FL 32607

New Principal Place of Business:

8777 SW 15TH AVE
GAINESVILLE, FL 32607

Current Mailing Address:

1813 SW 86TH TERR
GAINESVILLE, FL 32607

New Mailing Address:

8777 SW 15TH AVE
GAINESVILLE, FL 32607

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLINE, KYLE C
1813 SW 86TH TERR
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

KLINE, KYLE C
8777 SW 15TH AVE
GAINESVILLE, FL 32607 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: KYLE KLINE

02/07/2006

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: PTD () Delete
Name: KLINE, KYLE C
Address: 1813 SW 86TH TERR
City-St-Zip: GAINESVILLE, FL 32607

Title: SD () Delete
Name: KLINE, SHAROEN E
Address: 1813 SW 86TH TERR
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: KLINE, KYLE C
Address: 8777 SW 15TH AVE
City-St-Zip: GAINESVILLE, FL 32607

Title: SD (X) Change () Addition
Name: KLINE, SHAROEN E
Address: 8777 SW 15TH AVE
City-St-Zip: GAINESVILLE, FL 32607

I hereby certify that the information supplied with this filing does not qualify for the 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: KYLE KLINE

PTD

02/07/2006

Electronic Signature of Signing Officer or Director

Date