

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000087653</b> 1. Entity Name <b>BRS MEDICAL JACKSONVILLE, INC.</b>	
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FILED

07 NOV -6 PM 4: 01

JR

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 2007  
 1012007 REIN-P CR2E098 (107)

Principal Place of Business <b>809 CARDINAL AVENUE PALM HARBOR, FL 34683</b>		Mailing Address <b>809 CARDINAL AVENUE PALM HARBOR, FL 34683</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number <b>20-1208256</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SULLIVAN, BRYANT L  
809 CARDINAL AVENUE  
PALM HARBOR, FL 34683**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street 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 registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *B. Sullivan* **BRYANT L. SULLIVAN** **PRESIDENT** **11-1-07**  
Signature: Type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>SULLIVAN, BRYANT L</b> <b>809 CARDINAL AVENUE</b> <b>PALM HARBOR, FL 34683</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Delete <b>MOLLICK, TOM</b> <b>16464 TURNBERRY OAK DRIVE</b> <b>ODESSA, FL 33556</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T, S</b> <input checked="" type="checkbox"/> Delete <b>SULLIVAN, LEO A</b> <b>1389 RED OAK DRIVE</b> <b>TARPON SPRINGS, FL 34689</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold; font-size: 1.2em;">                         100112028751                          11/06/07--01011--006 **750.00                     </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *B. Sullivan* **BRYANT L. SULLIVAN** **11-1-07**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #