2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
06 OCT 13 4:26
TALLAHASSEE

REINSTATEMENT 2006

DOCUMENT # P05000022692

1. Entity Name
TAMPA MEDICAL, INC.

Principal Place of Business	Mailing Address
301 WEST PLATT ST. 418 TAMPA, FL 33606	301 WEST PLATT ST. 418 TAMPA, FL 33606

2. Principal Place of Business	3. Mailing Address
	6410 Castleway West Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.: Suite 110
City & State	City & State: Indianapolis, IN
Zip / Country	Zip: 46250 / Country: USA

4. FEI Number: 20-2327391 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301	Name: NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Dr, Ste 4 City: Weston FL Zip Code: 33331

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: Melissa Tomelden, Assist. Sec'y of NRAI 10/12/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: D NAME: Linda H. Starr STREET ADDRESS: 6410 Castleway West Dr, Ste 110 CITY-ST-ZIP: Indianapolis, IN 46250	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 300080832943 10/13/06--01053--009 **300.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Linda [signature] 10/12/2006 317.598.8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #