

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000072911

Entity Name: FRONTIER MEDICAL CORP.

FILED
Feb 28, 2008
Secretary of State

Current Principal Place of Business:

5180 W. ATLANTIC AVE
SUITE 123
DELRAY BEACH, FL 33484

Current Mailing Address:

5180 W. ATLANTIC AVE
SUITE 123
DELRAY BEACH, FL 33484

New Principal Place of Business:

2 SOUTH UNIVERSITY DRIVE
SUITE 220
PLANATION, FL 33324

New Mailing Address:

2 SOUTH UNIVERSITY DRIVE
SUITE 220
PLANATION, FL 33324

FEI Number: 20-3229581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARIOLI, EDWARD
5180 W. ATLANTIC AVE, SUITE 123
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

GAULKIN, JOEL ESQUIRE
9100 SOUTH DADELAND BLVD.
SUITE 1010 (1 DATRAN CENTER)
MIAMI, FL 33156 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: JOEL GAULKIN

02/28/2008

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: PD () Delete
Name: FARNSWORTH, THEODORE
Address: 5180 W. ATLANTIC AVE, SUITE 123
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FARNSWORTH, THEODORE
Address: 2 SOUTH UNIVERSITY DRIVE
City-St-Zip: PLANATION, FL 33156

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: THEODORE FARNSWORTH

PD

02/28/2008

Electronic Signature of Signing Officer or Director

Date