2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000076833

Entity Name: TRI-STAR MEDICAL MANAGEMENT. INC

FILED Dec 13, 2007 Secretary of State

Entity Nai	me: IRI-STA	R MEDICAL MANAGEMENT, II	NC.			
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
342 EAST 9 STREET., #202 HIALEAH, FL 33010			2775 WES HIALEAH,	ST 61 PLACE #206 FL 33016		
Current Mailing Address:			New Maili	New Mailing Address:		
2775 WES HIALEAH,	ST 61 PLACE # FL 33016	‡ 206				
FEI Number	: 06-1747578	FEI Number Applied For()	FEI Number Not App	licable () Certificate of Status Desired ()		
Name and	Address of (Current Registered Agent:	Name and	Address of New Registered Agent:		
COLON, V 2775 WES HIALEAH,	ST 61 PLACE #	#206 US				
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	its registered office or registered agent, or both,		
SIGNATU	RE: WILLIAM	R COLON				
	Electro	nic Signature of Registered Age	ent	Date		
		03(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	t receive the prior notic	ce.		
OFFICER	S AND DIREC	TORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P (COLON, WILL 2775 WEST 6 HIALEAH, FL	1 PLACE #206	Title: Name: Address: City-St-Zip:	CEO (X) Change () Addition COLON, WILLIAM R 2775 WEST 61 PLACE #206 HIALEAH, FL 33016		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	S () Change (X) Addition COLON, WILLIAM R 2775 WEST 61 PLACE #206 HIALEAH, FL 33016		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	T () Change (X) Addition COLON, WILLIAM R 2775 WEST 61 PLACE #206 HIALEAH, FL 33016		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	CH () Change (X) Addition ROY, MALCOLM R 2729 FOUNTAIN HEAD DRIVE PLANO, TX 75023		

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: WILLIAM R COLON CEO 12/13/2007