

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000147468

Entity Name: LIFELINK MD CENTER INC.

FILED
Oct 12, 2009
Secretary of State

Current Principal Place of Business:

4081 YUCATAN CIRCLE
PORT CHARLOTTE, FL 33948 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 380623
MURDOCK, FL 33938 US

New Mailing Address:

PO BOX 380623
MURDOCK, FL 33983

FEI Number: 20-3787036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMESON, ROBERT
4081 YUCATAN CIRCLE
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

RIFKIN, LEONARD J
4081 YUCATAN CIRCLE
PORT CHARLOTTE, FL 33948 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: LEONARD RIFKIN

10/12/2009

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: P () Delete
Name: ARISTIMUNO, JAVIER M.D.
Address: 4081 YUCATAN CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: S () Delete
Name: COOK, MARTI
Address: 4081 YUCATAN CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: T () Delete
Name: COLLETT, JOAN
Address: 4081 YUCATAN CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: CEO () Delete
Name: RIFKIN, LEONARD J
Address: 4081 YUCATAN CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: JAMESON, ROBERT
Address: 4081 YUCATAN CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LEONARD RIFKIN

CEO

10/12/2009

Electronic Signature of Signing Officer or Director

Date