2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000007099

Entity Name: SENTECH MEDICAL SYSTEMS, INC.

FILED Nov 24, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
GGO1 CENTED DDIVE MEST OF STATE 225	4200 NNA/ 420TH AN/ENLIE

6601 CENTER DRIVE WEST - SUITE 325 4200 NW 120TH AVENUE LOS ANGELES, CA 90045 CORAL SPRINGS, FL 33065

Current Mailing Address: New Mailing Address:

6601 CENTER DRIVE WEST - SUITE 325 4200 NW 120TH AVENUE LOS ANGELES, CA 90045 CORAL SPRINGS, FL 33065

FEI Number: 20-4155668 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: C T CORPORATION SYSTEM

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: CEO (X) Change () Addition Name: BIDNER, MARK Name: DANIELS, ABBEY Address: 6601 CENTER DRIVE WEST - SUITE 325 Address: 4200 NW 120TH AVENUE

Address: 6601 CENTER DRIVE WEST - SUITE 325 Address: 4200 NW 120TH AVENUE City-St-Zip: LOS ANGELES, CA 90045 City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Delete Title: CFO () Change (X) Addition Name: COSTANTINO, VINCE

Address: Address: 4200 NW 120TH AVENUE
City-St-Zip: City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Delete Title: D () Change (X) Addition

Name: Name: SABO, ELIAS

Address: Address: 24422 AVENIDA DE LA CARLOTA, STE 370

City-St-Zip: City-St-Zip: LAQUNA HILLS, CA 92653

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: VINCE COSTANTINO CFO 11/24/2008