# 2010 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 04, 2010**
**Secretary of State**

DOCUMENT# P06000094207

**Entity Name:** MEDICARE ALLOCATIONS, INC.

**Current Principal Place of Business:**

1321 S.E. RIVERSIDE DRIVE
STUART, FL 34996

**New Principal Place of Business:**

**Current Mailing Address:**

1321 S.E. RIVERSIDE DRIVE
STUART, FL 34996

**New Mailing Address:**

**FEI Number: 16-1766846** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

GRIFFIN, SHARON B
1321 S.E. RIVERSIDE DRIVE
STUART, FL 34996 US

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

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: SHARON B. GRIFFIN
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: D
Name: GRIFFIN, SHARON B
Address: 1321 S.E. RIVERSIDE DRIVE
City-St-Zip: STUART, FL 34996

Title: D
Name: BALTAYAN, ROSEMARY
Address: 1321 S.E. RIVERSIDE DRIVE
City-St-Zip: STUART, FL 34996

I hereby 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 all other like empowered.

SIGNATURE: SHARON B. GRIFFIN D 10/04/2010
Electronic Signature of Signing Officer or Director — Date