


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000102687		
1. Entity Name MICHAEL R. ALEXANDER MEDICAL SERVICES INC.		

FILED

03 NOV 19 AM 11:01

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 201 NW 70 AVE SUITE C PLANTATION, FL 33317	Mailing Address 201 NW 70 AVE SUITE C PLANTATION, FL 33317
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2. Principal Place of Business - No P.O. Box # 220 SW 84 Ave	3. Mailing Address 220 SW 84 Ave
Suite, Apt. #, etc. 102	Suite, Apt. #, etc. 102

11032008 REIN-P CR2E098 (1/07)

City & State Plantation, FL	City & State Plantation, FL
Zip 33324	Country USA
Zip 33324	Country USA

4. FEI Number 20-5328882	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ALEXANDER, MICHAEL R 201 NW 70 AVE SUITE C PLANTATION, FL 33317	
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7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 220 SW 84 Ave Suite 102 City Plantation FL Zip Code 33324	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	11-3-08 DATE
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FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALEXANDER, MICHAEL R 201 NW 70 AVE SUITE C PLANTATION, FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Alexander, Michael R. 220 SW 84 Ave. Suite 102 Plantation, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500138086005 11/19/08--01031--018 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	11-3-08 Date	Daytime Phone #
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