


2008 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P06000107564 |  |
| 1. Entity Name CADUCEUS CONSULTING ASSOCIATES, INC. | |

FILED
2008 MAY 28 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| Principal Place of Business 8831 ELLIOT'S COURT ORLANDO, FL 32836 US | Mailing Address P.O. BOX 2103 WINDERMERE, FL 34786 US |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |



REINSTATEMENT
05062008 REIN P CR2E0981107564-07-08
4. FEI Number 20-5432804
Applied for Not Applicable

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| 6. Name and Address of Current Registered Agent THORNE & STOREY, P.A. 212 PASADENA PLACE SUITE A ORLANDO, FL 32803 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 Edward A. Storey III DATE 5/2/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$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 | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---------------------------------|------|-----------------|--|----------------|---------------------|--|-----------------|-------------------|--|--|-------|--|---|------|--|--|----------------|--|--|-----------------|--|--|
| <table border="1"> <tr> <td>TITLE</td> <td>P</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MASCOE, MAURICE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8831 ELLIOT'S COURT</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORLANDO, FL 32836</td> <td></td> </tr> </table> | TITLE | P | <input type="checkbox"/> Delete | NAME | MASCOE, MAURICE | | STREET ADDRESS | 8831 ELLIOT'S COURT | | CITY - ST - ZIP | ORLANDO, FL 32836 | | <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | |
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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: Maurice W Mascoe Date 5/10/08 Daytime Phone # 421-1217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAILED MAY 28 2008