

2007 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 18, 2007
Secretary of State**

DOCUMENT# P06000139287

Entity Name: SOUTHSORE MEDICAL SERVICES & PRODUCTS, INC.

Current Principal Place of Business:

4905 34TH ST S STE 256
ST PETERSBURG, FL 33711

New Principal Place of Business:

New Mailing Address:

1100 ST AVE WEST
BRADENTON, FL 34208

Current Mailing Address:

4905 34TH ST S STE 256
ST PETERSBURG, FL 33711

FEI Number: 02-0566231 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WALSH, DOUGLAS
4905 34TH ST S STE 256
ST PETERSBURG, FL 33711 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: DOUGLAS WALSH

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: DPT () Delete
Name: WALSH, DOUGLAS
Address: 4905 34TH ST S STE 256
City-St-Zip: ST PETERSBURG, FL 33711

Title: DVS () Delete
Name: WHITE, VALERIE
Address: 4905 34TH ST S STE 256
City-St-Zip: ST PETERSBURG, FL 33711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVS (X) Change () Addition
Name: WALSH, VALERIE
Address: 4905 34TH ST S STE 256
City-St-Zip: ST PETERSBURG, FL 33711

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: DOUGLAS WALSH

Electronic Signature of Signing Officer or Director

DR

10/18/2007

Date