

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000046084

FILED
Jul 20, 2009
Secretary of State

Entity Name: BEST MEDICAL DIAGNOSTICS, INC.

Current Principal Place of Business:

8410 NW 38 PL
SUNRISE, FL 33322

New Principal Place of Business:

8410 NW 28 PL
SUNRISE, FL 33322

Current Mailing Address:

8410 NW 38 PL
SUNRISE, FL 33322

New Mailing Address:

8410 NW 28 PL
SUNRISE, FL 33322

FEI Number: 26-0235042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUTTER, RUSSELL
8410 NW 38 PL
SUNRISE, FL 33322 US

Name and Address of New Registered Agent:

SUTTER, RUSSELL
8410 NW 28 PL
SUNRISE, FL 33322 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: RUSSELL SUTTER

07/20/2009

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: P () Delete
Name: SUTTER, RUSSELL
Address: 8410 NW 38 PL
City-St-Zip: SUNRISE, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SUTTER, RUSSELL
Address: 8410 NW 28 PL
City-St-Zip: SUNRISE, FL 33322

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: RUSSELL SUTTER

PRES

07/20/2009

Electronic Signature of Signing Officer or Director

Date