

2009 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Jun 18, 2009
Secretary of State**

DOCUMENT# P07000091042

Entity Name: VISION MEDICAL MANAGEMENT INC

Current Principal Place of Business:

New Principal Place of Business:

5361 E SILVER SPRINGS BLVD
SILVER SPRINGS, FL 34484 US

Current Mailing Address:

New Mailing Address:

2118 SW 20TH PL
STE 201
OCALA, FL 34471 US

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

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SARFARAZI, MOHSEN P
2118 SW 20TH PL
STE 201
OCALA, FL 34471 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: MOHSEN SARFARAZI

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SARFARAZI, MOHSEN P
Address: 2118 SW 20TH PL
City-St-Zip: OCALA, FL 34471 US

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

Title: S (X) Delete
Name: HEAGY, REBECCA A
Address: 2118 SW 20TH PL
City-St-Zip: OCALA, FL 34471 US

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

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: MOHSEN SARFARAZI PRES 06/18/2009

Electronic Signature of Signing Officer or Director Date