

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000114260

FILED
Dec 16, 2009
Secretary of State

Entity Name: HEALTHCARE MEDIA CONSULTING, INC.

Current Principal Place of Business:

2650 MCCORMICK DRIVE
SUITE 190
CLEARWATER, FL 33759

New Principal Place of Business:

29750 US HIGHWAY 19 N
SUITE 300
CLEARWATER, FL 33761

Current Mailing Address:

2650 MCCORMICK DRIVE
SUITE 190
CLEARWATER, FL 33759

New Mailing Address:

29750 US HIGHWAY 19 N
SUITE 300
CLEARWATER, FL 33761

FEI Number: 22-3970169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LIBERTI, FRANK
2650 MCCORMICK DRIVE
SUITE 190
CLEARWATER, FL 33759 US

Name and Address of New Registered Agent:

LIBERTI, FRANK
29750 US HIGHWAY 19 N
SUITE 300
CLEARWATER, FL 33761 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: FRANK LIBERTI

12/16/2009

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: LIBERTI, FRANK
Address: 2650 MCCORMICK DRIVE, SUITE 190
City-St-Zip: CLEARWATER, FL 33759

Title: S () Delete
Name: LIBERTI, FRANK
Address: 2650 MCCORMICK DRIVE, SUITE 190
City-St-Zip: CLEARWATER, FL 33759

Title: T () Delete
Name: LIBERTI, FRANK
Address: 2650 MCCORMICK DRIVE, SUITE 190
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LIBERTI, FRANK
Address: 29750 US HIGHWAY 19 N, SUITE 190
City-St-Zip: CLEARWATER, FL 33761

Title: S (X) Change () Addition
Name: LIBERTI, FRANK
Address: 29750 US HIGHWAY 19 N, SUITE 300
City-St-Zip: CLEARWATER, FL 33761

Title: T (X) Change () Addition
Name: LIBERTI, FRANK
Address: 29750 US HIGHWAY 19 N, SUITE 300
City-St-Zip: CLEARWATER, FL 33761

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: FRANK LIBERTI

P

12/16/2009

Electronic Signature of Signing Officer or Director

Date