2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 22, 2009
Secretary of State

DOCUMENT# P08000064077

Entity Name: ANIMEDICS, INC.

Current Principal Place of Business:

466 N. HARBOR CITY BLVD.
MELBOURNE, FL 32935

New Principal Place of Business:

2666 LOWELL CIRCLE
MELBOURNE, FL 32935

Current Mailing Address:

466 N. HARBOR CITY BLVD.
MELBOURNE, FL 32935

New Mailing Address:

2666 LOWELL CIRCLE
MELBOURNE, FL 32935

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

Name and Address of Current Registered Agent:

MCWILLIAMS, DONNA L.
466 N. HARBOR CITY BLVD.
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

MCWILLIAMS, DONNA L.
2666 LOWELL CIRCLE
MELBOURNE, FL 32935 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: DONNA L. MCWILLIAMS 12/22/2009
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: DPST ( ) Delete
Name: MCWILLIAMS, DONNA L.
Address: 466 N. HARBOR CITY BLVD.
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: MCWILLIAMS, DONNA L.
Address: 2666 LOWELL CIRCLE
City-St-Zip: MELBOURNE, FL 32935

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: DONNA L. MCWILLIAMS PRES 12/22/2009
Electronic Signature of Signing Officer or Director Date