

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000065307

**FILED**  
**Dec 17, 2009**  
**Secretary of State**

**Entity Name:** EDGEWATER MEDICAL RESEARCH, INC.

**Current Principal Place of Business:**

6051 SABAL HAMMOCK CIRCLE  
PORT ORANGE, FL 32128

**New Principal Place of Business:**

2439 SWORDFISH LANE  
EDGEWATER, FL 321417504

**Current Mailing Address:**

6051 SABAL HAMMOCK CIRCLE  
PORT ORANGE, FL 32128

**New Mailing Address:**

2439 SWORDFISH LANE  
EDGEWATER, FL 321417504

**FEI Number:** 26-3068895

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MITCHELL, JEROME D  
1326 S. RIDGEWOOD AVE.  
#8  
DAYTONA BEACH, FL 32114 US

**Name and Address of New Registered Agent:**

GORNT0, L A JR  
444 SEABREEZE BLVD  
SUITE 200  
DAYTONA BEACH, FL 32118 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: L. A. GORNT0, JR.

12/17/2009

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: LO, OGINE  
Address: 6051 SABAL HAMMOCK CIRCLE  
City-St-Zip: PORT ORANGE, FL 32128

Title: VPS ( ) Delete  
Name: LO, ERIC MD  
Address: 6051 SABAL HAMMOCK CIRCLE  
City-St-Zip: PORT ORANGE, FL 32128

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LO, OGINE  
Address: 2439 SWORDFISH LANE  
City-St-Zip: EDGEWATER, FL 321417504

Title: VPSD (X) Change ( ) Addition  
Name: LO, ERIC MD  
Address: 2439 SWORDFISH LANE  
City-St-Zip: EDGEWATER, FL 321417504

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: ERIC LO

VP

12/17/2009

Electronic Signature of Signing Officer or Director

Date