# 2009 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Sep 30, 2009**
**Secretary of State**

DOCUMENT# P08000082566

**Entity Name:** YOUR MEDICAL SOLUTIONS, INC.

**Current Principal Place of Business:**

3959 SOUTH NOVA ROAD
SUITE 35
PORT ORANGE, FL 32127

**New Principal Place of Business:**

100 EAST GRANADA BLVD
ORMOND BEACH, FL 32176

**Current Mailing Address:**

3959 SOUTH NOVA ROAD
SUITE 35
PORT ORANGE, FL 32127

**New Mailing Address:**

100 EAST GRANADA BLVD
ORMOND BEACH, FL 32176

**FEI Number: 26-3318622** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

HOPSON, KAREN M
3959 SOUTH NOVA ROAD
SUITE 35
PORT ORANGE, FL 32127 US

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

HOPSON, KAREN M
100 EAST GRANADA BLVD
ORMOND BEACH, FL 32176 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: KAREN M HOPSON 09/30/2009
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: HOPSON, KAREN M
Address: 3959 SOUTH NOVA ROAD STE 35
City-St-Zip: PORT ORANGE, FL 32129

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

Title: P (X) Change ( ) Addition
Name: HOPSON, KAREN M
Address: 100 EAST GRANADA BLVD.
City-St-Zip: ORMOND BEACH, FL 32176

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: KAREN M HOPSON P 09/30/2009
Electronic Signature of Signing Officer or Director Date