

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000040037

**FILED**  
**Sep 28, 2011**  
**Secretary of State**

**Entity Name:** MDI HEALTHCARE SOLUTIONS, INC.

**Current Principal Place of Business:**

90 FT. WADE RD.  
PONTE VEDRA, FL 32081

**New Principal Place of Business:**

90 FORT WADE ROAD  
ATTENTION: CORPORATE COMPLIANCE  
PONTE VEDRA, FL 32081

**Current Mailing Address:**

90 FT. WADE RD.  
PONTE VEDRA, FL 32081

**New Mailing Address:**

90 FORT WADE ROAD  
ATTENTION: CORPORATE COMPLIANCE  
PONTE VEDRA, FL 32081

**FEI Number:** 27-2560043

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GORMAN, FALLON  
90 FT. WADE RD.  
PONTE VEDRA, FL 32081 US

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

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:** FALLON GORMAN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** WILLICH, RICHARD  
**Address:** 90 FORT WADE ROAD  
**City-St-Zip:** PONTE VEDRA, FL 32081

**Title:** S  
**Name:** LAURA, ROLLINS  
**Address:** 90 FORT WADE ROAD  
**City-St-Zip:** PONTE VEDRA, FL 32081

**Title:** DT  
**Name:** FALLON, GORMAN  
**Address:** 90 FORT WADE ROAD  
**City-St-Zip:** PONTE VEDRA, FL 32081

I hereby 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 all other like empowered.

**SIGNATURE:** FALLON GORMAN

DT

09/28/2011

Electronic Signature of Signing Officer or Director

Date