

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P13000029886

**FILED**  
**Nov 18, 2014**  
**Secretary of State**

**Entity Name:** MED EFFECT, INCORPORATED

**Current Principal Place of Business:**

17684 SE 91ST POPLAR TER  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

301 SAN MARINO DRIVE  
THE VILLAGES, FL 32159

**Current Mailing Address:**

17684 SE 91ST POPLAR TER  
THE VILLAGES, FL 32162

**New Mailing Address:**

301 SAN MARINO DRIVE  
THE VILLAGES, FL 32159

**FEI Number:** 45-4174338

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BARTON, JOHN A  
17684 SE 91ST POPLAR TER  
THE VILLAGES, FL 32162 US

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

BARTON, JOHN A  
301 SAN MARINO DRIVE  
THE VILLAGES, FL 3259 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: JOHN A BARTON

11/18/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BARTON, JOHN A  
Address: 301 SAN MARINO DRIVE  
City-St-Zip: THE VILLAGES, FL 32159

Title: VPS  
Name: BARTON, AUBREY J  
Address: 301 SAN MARINO DRIVE  
City-St-Zip: THE VILLAGES, FL 32159

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: JOHN A BARTON

PRES

11/18/2014

Electronic Signature of Signing Officer or Director

Date