

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P94000006578

FILED
Apr 29, 2010
Secretary of State

Entity Name: ADVANTAGE MEDICAL RECOVERY SERVICES, INC.

Current Principal Place of Business:

201 SEFFNER AVE
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

PO BOX 16911
TAMPA, FL 33687

New Mailing Address:

FEI Number: 59-3221908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLENBECK, CHARLES R
201 SEFFNER AVE
SEFFNER, FL 33584 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: CHARLES HOLLENBECK

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: PRES
Name: HOLLENBECK, CHARLES R
Address: 201 SEFFNER AVE
City-St-Zip: SEFFNER, FL 33584

Title: VP
Name: CARROLL, FRANCIS
Address: 201 SEFFNER AVE
City-St-Zip: SEFFNER, FL 33584

Title: T
Name: ALONSO, BELINDA
Address: 201 SEFFNER AVE
City-St-Zip: SEFFNER, FL 33584

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: HOLLY HOLLENBECK

MS

04/29/2010

Electronic Signature of Signing Officer or Director

Date