


## 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P95000097232</b> 1. Entity Name <b>MEDSAHM SERVICES, INC.</b>						<b>FILED</b> <b>08 DEC -8 PM 2:43</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>6151 MIRAMAR PKWY          SUITE 115          MIRAMAR, FL 33023 US</b>		Mailing Address <b>2900 DOLPHIN DR.          MIRAMAR, FL 33025 US</b>					
2. Principal Place of Business - No P O Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		12042008 REIN-P CR2E098 (1/07)			
City & State		City & State		4. FEI Number <b>65-0633664</b>			
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>COBY, LYDIA          2900 DOLPHIN DR.          MIRAMAR, FL 33025</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2009, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <b>COBY, LYDIA          2900 DOLPHIN DR.          MIRAMAR, FL 33025</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700138688267</b> <b>12/08/08--01046--006 **150.00</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employed.							
SIGNATURE: <i>Lydia Coby Pres.</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>12/04/2008</i>			

*12/800*