


2007 FOR-PROFIT CORPORATION REINSTATEMENT

FILED

07 MAY 17 AM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07

DOCUMENT # P97000042911 1. Entity Name WELLMED, INC.	
---	---

Principal Place of Business 2205 SILVER SANDS CT VERO BEACH, FL 32963	Mailing Address 2205 SILVER SANDS CT VERO BEACH, FL 32963
---	---

2. Principal Place of Business - No P.O. Box # <i>910 NE Penelope Ave</i>	3. Mailing Address <i>910 NE Penelope Ave</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Palm Bay FL</i>	City & State <i>Palm Bay FL</i>	Zip <i>32907</i>	Country <i>Brevard</i>
------------------------------------	------------------------------------	---------------------	---------------------------

6. Name and Address of Current Registered Agent THACKER, J. RUSSELL 1601 20TH STREET VERO BEACH, FL 32960		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
--	--	--	--

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 *J. Russell Thacker* / *J. Thacker* *4/25/07*

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OCEO <input type="checkbox"/> Delete CRAWFORD, KIMBERLY MD 2205 SILVER SANDS COURT VERO BEACH, FL 32963	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>910 NE Penelope Ave</i> <i>Palm Bay FL 32907</i>
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
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 <div style="text-align: center; font-weight: bold; font-size: 1.2em;">700103588137</div> <div style="text-align: center; font-size: 0.8em;">05/31/07--01008--005 **300.00</div>
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
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
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 empowered.

SIGNATURE: *Kimberly Crawford MA* *4/25/07* *772-962-9602*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 5/25