

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000060240

Entity Name: MEDI-TRAN AMERICA, INC.

**FILED**  
**Dec 11, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1429 SE BUCKINGHAM TERR.  
PORT ST. LUCIE, FL 34952 US

**New Principal Place of Business:**

**Current Mailing Address:**

1429 SE BUCKINGHAM TERR.  
PORT ST. LUCIE, FL 349524122 US

**New Mailing Address:**

FEI Number: 65-0744836

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NOLAN, JOHN C  
1429 SE BUCKINGHAM TERR.  
PORT ST. LUCIE, FL 349524122 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: JOHN C. NOLAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSDC  
Name: NOLAN, LINDA L  
Address: 1429 SE BUCKINGHAM TERRACE  
City-St-Zip: PT ST LUCIE, FL 34952

Title: VTM  
Name: NOLAN, JOHN C  
Address: 1429 SE BUCKINGHAM TERRACE  
City-St-Zip: PT ST LUCIE, FL 34952

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 C. NOLAN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VTM

12/11/2010

\_\_\_\_\_  
Date