

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000084027

Entity Name: D.T.M. MEDICAL, INC.

**FILED**  
**Oct 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1003 BALMORAL WAY  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

1003 BALMORAL WAY  
MELBOURNE, FL 32940

**New Mailing Address:**

FEI Number: 65-0783489

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOLLES, CHARLES A  
1003 BALMORAL WAY  
MELBOURNE, FL 32940 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 BOLLES

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BOLLES, CHARLES A  
Address: 1003 BALMORAL WAY  
City-St-Zip: MELBOURNE, FL 32940

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: CHARLES BOLLES

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

P

10/03/2011

\_\_\_\_\_  
Date