

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000046902

Entity Name: ACCURATE MEDICAL SYSTEMS, INC.

FILED
Oct 26, 2005
Secretary of State

Current Principal Place of Business:

1411 N. WESTSHORE BLVD., STE.208
TAMPA, FL 33607

New Principal Place of Business:

1411 N. WESTSHORE BLVD
SUITE 208
TAMPA, FL 33607

Current Mailing Address:

1411 N. WESTSHORE BLVD., STE.208
TAMPA, FL 33607

New Mailing Address:

1411 N. WESTSHORE BLVD
SUITE 208
TAMPA, FL 33607

FEI Number: 59-3517384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THRUSH, BONNIE
1411 N. WESTSHORE BLVD., STE.208
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

THRUSH, BONNIE
1411 N. WESTSHORE BLVD
SUITE 208
TAMPA, FL 33607 US

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: BONNIE THRUSH

10/26/2005

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: D () Delete
Name: THRUSH, BONNIE
Address: 1411 N. WESTSHORE BLVD., STE.208
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BONNIE THRUSH

PRES

10/26/2005

Electronic Signature of Signing Officer or Director

Date