2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 04, 2006
Secretary of State

DOCUMENT# P99000097344

Entity Name: MEDLINK HEALTHCARE FINANCIAL SERVICES INC.

Current Principal Place of Business:

9610 S.W. 11 STREET
PEMBROKE PINES, FL 33025

New Principal Place of Business:

6777 NW 7 AVE
1
MIAMI, FL 33150

Current Mailing Address:

9610 S.W. 11 STREET
PEMBROKE PINES, FL 33025

New Mailing Address:

6777 NW 7 AVE
1
MIAMI, FL 33150

FEI Number: 65-0983707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEEMAN, ANDREW
9610 S.W. 11 STREET
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

HEEMAN, ANDREW
6777 NW 7 AVE
1
MIAMI, FL 33150 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: ANDREW HEEMAN 01/04/2006
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: CEO ( ) Delete
Name: HEEMAN, ANDREW
Address: 9610 SW 11 STREET
City-St-Zip: PEMBROKE PINES, FL 33025

Title: PRES (X) Delete
Name: HEEMAN, ARRIF A
Address: 9610 SW 11 STREET
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VP (X) Delete
Name: HEEMAN, ALEEZA A
Address: 9610 SW 11 STREET
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HEMAN, MICHAEL
Address: 6777 NW 7 AVE
City-St-Zip: MIAMI, FL 33150

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

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 Chapter 119, 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: MICHAEL HEMAN P 01/04/2006
Electronic Signature of Signing Officer or Director Date