

**2023 FOREIGN PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F16000000926

**Entity Name:** THE MEDICINE INFORMATION INSTITUTE, INC.

**Current Principal Place of Business:**

3338 CAPPIO DRIVE  
MELBOURNE, FL 32940

**Current Mailing Address:**

3338 CAPPIO DRIVE  
MELBOURNE, FL 32940 US

**FEI Number:** 04-8835422

**Certificate of Status Desired:** No

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

THE MEDICINE INFORMATION INSTITUTE  
3338 CAPPIO DRIVE  
MELBOURNE, FL 32940 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:** JAMES RYBACKI

03/10/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                    |                 |                    |
|-----------------|--------------------|-----------------|--------------------|
| Title           | PC                 | Title           | S                  |
| Name            | RYBACKI, JAMES J   | Name            | RYBACKI, BARBARA   |
| Address         | 3338 CAPPIO DRIVE  | Address         | 3338 CAPPIO DRIVE  |
| City-State-Zip: | MELBOURNE FL 32940 | City-State-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:** JAMES RYBACKI

**PRESIDENT**

03/10/2023

Electronic Signature of Signing Officer/Director Detail

Date