# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Sep 30, 2006**
**Secretary of State**

DOCUMENT# P02000095272

**Entity Name:** THERANEXT HEALTHCARE SERVICES, P.A.

**Current Principal Place of Business:**

12865 SW 211 TERR
MIAMI, FL 33177

**New Principal Place of Business:**

**Current Mailing Address:**

12865 SW 211 TERR
MIAMI, FL 33177

**New Mailing Address:**

**FEI Number: 71-0904102** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SEPULVEDA, HERNAN
12865 SW 211 TERR
MIAMI, FL 33177 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: HERNAN SEPULVEDA

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: SEPULVEDA, HERNAN
Address: 12865 SW 211 TERR
City-St-Zip: MIAMI, FL 33177

**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 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: HERNAN SEPULVEDA D 09/30/2006

Electronic Signature of Signing Officer or Director Date