2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000122296

Entity Name: PRESTIGE MEDICAL HEALTH GROUP, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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3181 DAVIE BOULEVARD 4775 COLLINS AVENUE

FORT LAUDERDALE, FL 33312 4203

MIAMI BEACH, FL 331403270 US

Current Mailing Address: New Mailing Address:

3181 DAVIE BOULEVARD 4775 COLLINS AVENUE

FORT LAUDERDALE, FL 33312 4203

MIAMI BEACH, FL 331403270 US

FEI Number: 34-2015415 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GUARIGLIA, MARK
11900 BISCAYNE BOULEVARD, SUITE 600

KLUEH, CARMEN
4775 COLLINS AVENUE

MIAMI, FL 33181 US 4203 MIAMI BEACH, FL 331403270 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: CARMEN KLUEH 04/30/2008

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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 KLUEH, CARMEN
 Name:

 Address:
 4775 COLLINS AVE STE 4203
 Address:

 City-St-Zip:
 MIAMI BCH, FL 33140
 City-St-Zip:

Name: RAULT, RAYMOND Name: RAULT, RAYMOND

 Address:
 4775 COLLINS AVE STE 4203
 Address:
 4775 COLLINS AVE STE 4203

 City-St-Zip:
 MIAMI BCH, FL 33140
 City-St-Zip:
 MIAMI BCH, FL 331403270 US

I hereby certify that the information supplied with this filing does not qualify 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: CARMEN KLUEH PRES 04/30/2008