2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000123967

Entity Name: FLORIDA HEALTH SERVICES AND ASSOCIATES INC

FILED Dec 04, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2441 NW 9 SUITE 107 DORAL, FI	Ά	3			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
2441 NW 9 SUITE 107 DORAL, FI	Ά	3			
FEI Number:	20-3444078	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:					
The above	93 AVE 'A L 33172 US	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUF	RE: NESTOR	VELASCO			
	Electron	ic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VELASCO, NES	/E - SUITE 107A	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VELASCO, NES	/E - SUITE 107A	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: NESTOR VELASCO P 12/04/2008