

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000010209

Entity Name: M.E.S. HEALTH SERVICES, INC.

FILED
Oct 22, 2008
Secretary of State

Current Principal Place of Business:

6121 SW 18TH STREET
MIAMI, FL 33155

New Principal Place of Business:

7175 S.W. 8 ST
SUITE# 218
MIAMI, FL 33144

Current Mailing Address:

6121 SW 18TH STREET
MIAMI, FL 33155

New Mailing Address:

7175 S.W. 8 ST
SUITE# 218
MIAMI, FL 33144

FEI Number: 20-8295402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SOSA, MARIA E
6121 SW 18TH STREET
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

SOSA, MARIA E
7175 S.W. 8 ST
MIAMI, FL 33144 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: MARIA E SOSA

10/22/2008

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:

Title: D () Delete
Name: SOSA, MARIA E
Address: 6121 SW 18TH STREET
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SOSA, MARIA E
Address: 7175 S.W. 8 ST
City-St-Zip: MIAMI, FL 33144

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: MARIA E SOSA

PRE

10/22/2008

Electronic Signature of Signing Officer or Director

Date