

**2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000035264

**FILED**  
**Oct 19, 2010**  
**Secretary of State**

**Entity Name:** 1ST CHOICE MEDICAL SOLUTIONS, INC.

**Current Principal Place of Business:**

3531 GRIFFIN ROAD  
FT LAUDERDALE, FL 33312

**New Principal Place of Business:**

4980 SW 52 ST.  
102  
DAVIE, FL 33314

**Current Mailing Address:**

3531 GRIFFIN ROAD  
FT LAUDERDALE, FL 33312

**New Mailing Address:**

4980 SW 52 ST.  
102  
DAVIE, FL 33314

**FEI Number:** 26-2408458

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HAGEN & HAGEN, P.A.  
3531 GRIFFIN ROAD  
FT LAUDERDALE, FL 33312 US

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

HERON, FRANK  
4980 SW 52 ST.  
102  
DAVIE, FL 33314 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: FRANK HERON

10/19/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DS  
Name: HERON, FRANK  
Address: 4980 SW 52 ST.  
City-St-Zip: DAVIE, FL 33314

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: FRANK HERON

DS

10/19/2010

Electronic Signature of Signing Officer or Director

Date