

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000004317

FILED
Jan 14, 2009
Secretary of State

Entity Name: METRO WEST HEALTH MANAGEMENT CO. INC.

Current Principal Place of Business:

5600 W. COLONIAL DRIVE STE 202
ORLANDO, FL 32808

New Principal Place of Business:

5600 W. COLONIAL DRIVE STE 202
5600WEST COLONIAL DRIVE
ORLANDO, FL 32808

Current Mailing Address:

5600 W. COLONIAL DRIVE STE 202
ORLANDO, FL 32808

New Mailing Address:

5600 W. COLONIAL DRIVE STE 202
5600WEST COLONIAL DRIVE
ORLANDO, FL 32808

FEI Number: 59-3616425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMIDT, NORA
5600 W. COLONIAL DRIVE STE 202
ORLANDO, FL 32808 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: NORA SCHMIDT

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: PS () Delete
Name: BROUMAND, ALEX
Address: 5600 W COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32808 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JOHNSON, TAYRON
Address: 5600 W COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32808 US

Title: CEO () Change (X) Addition
Name: BROUMAND, ALEXANDER
Address: 5600WEST COLONIAL DR
City-St-Zip: ORLANDO, FL 32808

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: TAYRON JOHNSON

PS

01/14/2009

Electronic Signature of Signing Officer or Director

Date