

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000002935

FILED
Jan 17, 2008
Secretary of State

Entity Name: HEALTHMARK MANAGEMENT, INC.

Current Principal Place of Business:

370 CENTERPOINTE CIRCLE
SUITE 1184
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

2762 TEAK PLACE
LAKE MARY, FL 32746 US

Current Mailing Address:

370 CENTERPOINTE CIRCLE
SUITE 1184
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

P.O. BOX 953575
LAKE MARY, FL 32795 US

FEI Number: 01-0671850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOXWORTHY, MICHAEL L
370 CENTERPOINTE CIRCLE
SUITE 1184
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

FOXWORTHY, MICHAEL L
2762 TEAK PLACE
LAKE MARY, FL 32746 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: MICHAEL L. FOXWORTHY

01/17/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: FOXWORTHY, MICHAEL L
Address: 370 CENTERPOINTE CIRCLE, SUITE 1184
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: S () Delete
Name: FOXWORTHY, ANNIE S
Address: 370 CENTERPOINTE CIRCLE, STE 1184
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: FOXWORTHY, MICHAEL L
Address: 2762 TEAK PLACE
City-St-Zip: LAKE MARY, FL 32746 US

Title: S (X) Change () Addition
Name: FOXWORTHY, ANNIE S
Address: 2762 TEAK PLACE
City-St-Zip: LAKE MARY, FL 32746 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: MICHAEL L. FOXWORTHY

PRES

01/17/2008

Electronic Signature of Signing Officer or Director

Date