2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 09, 2007
Secretary of State

DOCUMENT# F05000004699

Entity Name: INDAGO HEALTHCARE OF FLORIDA, INC.

Current Principal Place of Business:

860 US HIGHWAY 1
207
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

200 KNUTH ROAD
226
BOYTON BEACH, FL 33436

Current Mailing Address:

860 US HIGHWAY 1
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 20-3029699 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOVINSKY, MARK
860 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

MIRA, RAYMOND
200 KNUTH RD
226
BOYNTON BEACH, FL 33436 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: RAYMOND MIRRA JR 10/09/2007
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: PC ( ) Delete
Name: MIRRA, RAYMOND
Address: 860 US HIGHWAY 1
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: STD ( ) Delete
Name: KOVINSKY, MARK
Address: 860 US HIGHWAY 1
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D (X) Delete
Name: VANGUNTEN, MALA
Address: 860 US HIGHWAY 1
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: RAYMOND MIRRA JR PC 10/09/2007
Electronic Signature of Signing Officer or Director Date