

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# M14392

FILED
Sep 28, 2009
Secretary of State

Entity Name: DYNAMIC HEALTH CARE PROVIDERS, INC.

Current Principal Place of Business:

2099 WEST PROSPECT ROAD
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

4069 NW 16TH STREET
LAUDERHILL, FL 33319 US

Current Mailing Address:

4980 NW 72 TERR.
LAUDERHILL, FL 33319 US

New Mailing Address:

FEI Number: 59-2560362 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BIAS, JAMES E
4961 NW 72ND TERRACE
LAUDERHILL, FL 33319 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: TIFFANYE BIAS

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: ST () Delete
Name: BIAS, TIFFANYE A
Address: 7449 NW 48TH PLACE
City-St-Zip: LAUDERHILL, FL 33319

Title: P () Delete
Name: BIAS, JAMES E
Address: 4961 NW 72ND TERRACE
City-St-Zip: LAUDERHILL, FL 33319

Title: B () Delete
Name: BIAS, MICHAELJAMES A
Address: 7449 NW 48TH PLACE
City-St-Zip: LAUDERHILL, FL 33319

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: TIFFANYE A BIAS

Electronic Signature of Signing Officer or Director

ST

09/28/2009

Date