

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N00000007211

**FILED**  
**Oct 14, 2004**  
**Secretary of State****Entity Name:** CENTER FOR PRACTICAL HEALTH REFORM, INC.**Current Principal Place of Business:**1177 PARK AVE., STE. 5, #205  
ORANGE PARK, FL 320734150**New Principal Place of Business:**PO BOX 330911  
ATLANTIC BEACH, FL 322330911 US**Current Mailing Address:**1177 PARK AVE., STE. 5, #205  
ORANGE PARK, FL 320734150**New Mailing Address:**PO BOX 330911  
ATLANTIC BEACH, FL 322330911 US**FEI Number:** 59-3677690      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**KLEPPER, BRIAN R PH.D.  
1949 BRISTA DE MAR CIRCLE  
ATLANTIC BEACH, FL 322334525 US**Name and Address of New Registered Agent:**KLEPPER, BRIAN R PH.D.  
PO BOX 330911  
ATLANTIC BEACH, FL 322330911 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: BRIAN R. KLEPPER

10/14/2004

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:****Title:** PD      ( ) Delete  
**Name:** KLEPPER, BRIAN R PH.D.  
**Address:** 1949 BRISTA DE MAR CIRCLE  
**City-St-Zip:** ATLANTIC BEACH, FL 322334525**Title:** VSD      ( ) Delete  
**Name:** SMITHERS, CHARLES W JR. CPA  
**Address:** 162 VIA TISDELLE  
**City-St-Zip:** ORANGE PARK, FL 320735656**Title:** TD      ( ) Delete  
**Name:** GIESCHEN, NICHOLAS H CPA  
**Address:** 2384 PINE ISLAND COURT  
**City-St-Zip:** JACKSONVILLE, FL 32224**Title:** CD      ( ) Delete  
**Name:** BRODSKY, ERNEST N  
**Address:** 4268 VIA VALENCIA CIR  
**City-St-Zip:** JACKSONVILLE, FL 32217**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:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN R. KLEPPER

PD

10/14/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date