

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000007742

FILED
Dec 16, 2004
Secretary of State

Entity Name: HEALTH CARE SOLUTIONS NETWORK, INC.

Current Principal Place of Business:

13200 S.H. ST.
F-4
MIAMI, FL 33186

New Principal Place of Business:

9245 S.W. 158 LANE
SUITE 301
MIAMI, FL 33157

Current Mailing Address:

13200 S.H. ST.
F-4
MIAMI, FL 33186

New Mailing Address:

9245 S.W. 158 LANE
SUITE 301
MIAMI, FL 33157

FEI Number: 65-1148836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMANDO GALZALOZ
13209 SH 128 ST. F-4
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

ARMANDO GONZALEZ
9245 S.W. 158 LANE
SUITE 301
MIAMI, FL 33157 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: ARMANDO GONZALEZ

12/16/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GONZALEZ, ARMANDO
Address: 9660 CORAL WAY
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: GORRADINO, DARREL
Address: 17430 SW 117 AVE
City-St-Zip: MIAMI, FL 33177

Title: D () Delete
Name: LORIMAY, TOM
Address: 11460 SW 131 ST
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GONZALEZ, ARMANDO
Address: 16137 154 COURT
City-St-Zip: MIAMI, FL 33187

Title: D (X) Change () Addition
Name: CORRADINO, DARREL
Address: 8885 S.W. 196 TERRACE
City-St-Zip: MIAMI, FL 33157

Title: D (X) Change () Addition
Name: LAYMAN, TOM
Address: 11460 SW 131 ST
City-St-Zip: MIAMI, FL 33176

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: ARMANDO GONZALEZ

DIR

12/16/2004

Electronic Signature of Signing Officer or Director

Date