

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000000060

FILED  
Oct 18, 2005  
Secretary of State

**Entity Name:** HEALTHCARE SUPPORT FOUNDATION INC

**Current Principal Place of Business:**

POB 1607  
HOLLYWOOD, FL 33022

**New Principal Place of Business:**

**Current Mailing Address:**

POB 1607  
HOLLYWOOD, FL 33022

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

**Name and Address of New Registered Agent:**

LEWIS, GREGORY  
1141 SE 7 CT. #106  
DANIA, FL 33004 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: GREGORY LEWIS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LEWIS, ROBERT  
Address: 1141 SE 7TH CT., #106  
City-St-Zip: DANIA, FL 33004

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP ( ) Change (X) Addition  
Name: COMRIE, RONALD  
Address: POB 2950  
City-St-Zip: BELLVIEW, FL 34421 US

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: ROBERT LEWIS

P

10/18/2005

Electronic Signature of Signing Officer or Director

Date