2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED DOCUMENT # N06000004231 1. Entity Name 07 OCT | | AM 10: 57 ASSOCIATION OF HISPANIC HEALTH CARE PROFESSIONALS, INC. FALLAHASSEE, FLORIDA Principal Place of Business Mailing Address % EDWARD B. GALANTE, ESQ. % EDWARD B. GALANTE, ESQ. 516 CAMDEN AVENUE 516 CAMDEN AVENUE STUART, FL 34994 STUART, FL 34994 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 092520REINSTATEMENT/07) Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Numbe Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GALANTE, EDWARD B ESQ. Street Address (P.O. Box Number is Not Acceptable) 510 CAMDEN AVENUE 1720 Se Indian St. STUART, FL 34994 . STUART, FL 34997 10/11/07--01010--029 **81.25 City Zip Code FL 8. The above named equity shimits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the SIGNATURE nt and title if applicable (NOTE: Registered Agent signature required when reinstating FILE NOWIII FEE IS \$61.25 Make check payable to In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2008, Fee will be \$122.50 Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE Oelete Quinones, Maria TITLE TRABAL, ADLY NAME 3991 SW Greenwood Way #36 Palm City, Fl. 34990 2299 SE FRISCO TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT ST LUCIE, FL 34953 CITY-ST-ZIP V Ortiz, Roberto Da 247 SW Marathon Ave Port ST. Lucie, Fl. 34953 Delete TITLE Addition QUINONES, MARIA NAME NAME 3991 SW GREENWOOD WAY #3G STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM CITY, FL 34990 CITY-ST-ZIP S CANALES Naty 236 SW MARATHON AVE Port ST Lucie Fl. 34953 Addition TITLE Delete TITLE NORWOOD, KAREN NAME 2273 SE POWELL COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT ST LUCIE, FL 34952 CITY-ST-ZIP Delete Ortega-Perri Elsie Chang 665 5 E. Whitmore DR Brt 57 Lucie, El. 34984 Addition TITLE TITLE CANALES, NATY NAME NAME STREET ADDRESS 236 SW MARATHON AVENUE STREET ADDRESS PORT ST LUCIE, FL 34953 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Quinores

SIGNATURE:

Maria Quiñones