

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000004231

1. Entity Name
ASSOCIATION OF HISPANIC HEALTH CARE PROFESSIONALS, INC.

Principal Place of Business
% EDWARD B. GALANTE, ESQ.
516 CAMDEN AVENUE
STUART, FL 34994

Mailing Address
% EDWARD B. GALANTE, ESQ.
516 CAMDEN AVENUE
STUART, FL 34994

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

ZipCountry

3. Mailing Address

Suite, Apt. #, etc.

City & State

ZipCountry

6. Name and Address of Current Registered Agent
GALANTE, EDWARD B ESQ.
516 CAMDEN AVENUE
STUART, FL 34994

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
CityZip Code

8. 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE
(NOTE: Registered Agent signature required when reinstating)

10. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ChangeAddition

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.

SIGNATURE