

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07000005964

1. Entity Name  
UHSF, INC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 DEC 15 PM 12:01

Principal Place of Business  
15003 TURTLE LAKE CT  
LUTZ, FL 33548

Mailing Address  
P.O. BOX 1791  
LUTZ, FL 33559

16543 Enclave Village  
Apt 307 Tampa FL 33647

P.O. Box 292821  
Tampa FL 33687

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

3. Mailing Address

16543 Enclave Village  
Apt 307

P.O. Box 292821  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa FL

Tampa FL

Zip

Country

33647

U.S

Zip

33687

Country

U.S

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEORGES, RUTH  
15003 TURTLE LK CT  
APT 103  
LUTZ, FL 33559

Name Ruth Georges  
Street Address (P.O. Box Number is Not Acceptable)

16543 Enclave Village Apt 307  
City Tampa FL Zip Code 33687

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 *Ruth Georges*

12-9-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25  
After January 1, 2009, Fee will be \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP  
NAME GEORGES, RUTH  
STREET ADDRESS P.O. BOX 1791  
CITY-ST-ZIP LUTZ, FL 33559

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
11/06/08-01019-001 \*\*61.25

TITLE VP: Ruth Georges  
NAME  
STREET ADDRESS P.O. BOX 292821  
CITY-ST-ZIP Tampa FL 33687

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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.

SIGNATURE: *Ruth Georges*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-9-08 813-447-7058  
Date Daytime Phone #