~~2008~~ 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07000010996

1. Entity Name
ASSIST HEALTH CORP.

FILED
09 FEB 10 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
21200 NE 38TH AVE UNIT #403 AVENTURA, FL 33180	21200 NE 38TH AVE UNIT #403 AVENTURA, FL 33180

REINSTATEMENT 12092008 REIN-NP CR2E099 (1/07) 08-09

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2111 SW 99TH WAY Suite, Apt. #, etc.	2111 SW. 99th WAY Suite, Apt. #, etc.
City & State: MIRAMAR, FL	City & State: MIRAMAR, FL.
Zip: FL 33025 Country: USA	Zip: 33025 Country: USA

4. FEI Number: 45-0585832 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOWARDS, CARMEN ELENA 2111 SW 99TH WAY ~~AVENTURA, FL 33180~~ MIRAMAR, FL. 33025	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip 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: _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P ☐ Delete SOWARDS, CARMEN ELENA 2111 SW 99TH WAY ~~AVENTURA, FL 33180~~ MIRAMAR, FL. 33025	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500143237815 02/10/09--01006--008 **297.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ☐ Delete CAMBRONERO, OSCAR 4 SW 18 RD MIAMI, FL 33129	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ☐ Delete ESPINAL, FRANCISCO 2020 NE 185 TERR N MIAMI BEACH, FL 33179	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS ☐ Delete SOWARDS, WILLIAM THOMAS 2111 SW 99TH WAY MIRAMAR, FL 33025	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ☐ Delete BASTO, CARLOS 555 NE 15TH ST, SUITE 7715 MIAMI, FL 33132	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: X Elena Sowards Dec 18/08 9542882168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #