2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 14, 2010
Secretary of State

DOCUMENT# N09000007602

Entity Name: WEST DIXIE HEALTH CLINIC, INC.

Current Principal Place of Business:

703 B SOUTH DIXIE HWY W
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

703 B SOUTH DIXIE HWY W
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 26-4663260 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAVENTURE, MARIE I
703 B SOUTH DIXIE HWY W
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

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: MARIE I LAVENTURE

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D
Name: LAVENTURE, MARIE I RN
Address: 703 B SOUTH DIXIE HWY W
City-St-Zip: POMPANO BEACH, FL 33060

Title: D
Name: FAHIE, DALE E DR.
Address: 703 B SOUTH DIXIE HWY W
City-St-Zip: POMPANO BEACH, FL 33060

Title: D
Name: CELLINI, FELICE P.A.
Address: 703 B SOUTH DIXIE HWY W
City-St-Zip: POMPANO BEACH, FL 33060

I hereby 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 all other like empowered.

SIGNATURE: MARIE I LAVENTURE RN 10/14/2010

Electronic Signature of Signing Officer or Director — Date